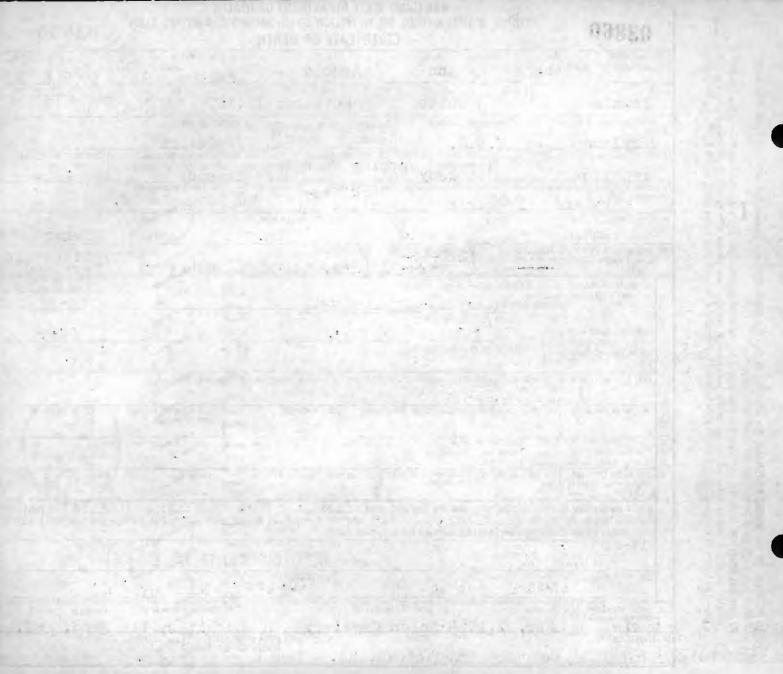
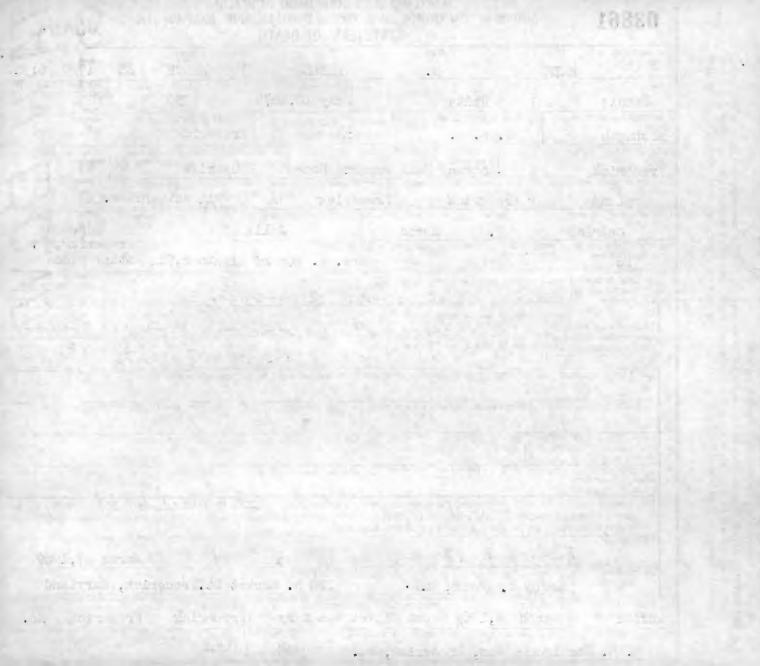
1			DIVISION				EPARTMEN STON STREET			AND 21201				
FOR STATE		0385	9				CERTIFIC					03	852	
HEALTH DEPT.		ECEASED-NAME	First		Mide			Lost		20. DATE KNO	WN Month	Day	Yeor	2b. HOUR
'⊼ 5 a 🔏	1	Type or Print)	Minn	ie	Florer	ice	A	halt		OF EST DEATH MAT	1-1-	28	1969	M
d 3	3. S		4. RACE	S, DATE OF BI		6. AGE (In lost birth	years IF UNDER		UNDER 24 HRS	2c. DATE PRON	OUNCED DEAD			2d. HOUR
y dela pm3.		emale	White	Oct.1		82	YRS.	5613	OK.3 STILL	Month	Pay 8	Yeo	1969	109 AM
J, 2, m P	7a. caur	BIRTHPLACE (Statement)		. CITIZEN OF WI		8.	MARRIED N		-	INTY OF DEATH				191
for for all		Maryl		U.S.		1 00 11-7-7	MIDOMED X	DIVORCED		ederic				Mo
Thours ofter death them 18. Give Pages 1, Office along with form land 2 with the State De		ITY OR TOWN O		II. N	ame OF HOSPITA street address)	IL OK INSTIT	UTION (If not in	haspital 1		CUPATION (Kind Lworking life, e		INDUSTR	D OF BUSI	
er d Sive ng v h h th		Freder	ICK (Where decease	Fr.	ederic	k Me	m. Hos	D. III	House CITY LIMITS?	t working life, e <u>keeper</u> 13e. STREET AN	D MILLARDED	Own	hom	е
s ofte 18. Gin oloni with deoth	0	dmission) SIAT	rvland	13b. COUNTY	mon kesidente	Delore 130	iddlet	OT TO YES		OIL OBOO	Caha	T D	a	RFD2
Hours Item Us Office I and 2		ATHER'S NAME	First	Middle	redeti	lost	HTOM 21	ER'S MAIDEN N	AME First	Quenec	Middle	77 17	Lost	Mr DS
E = 0		He	zekiah		F	oole			Eliza	heth	14110010		Bake	ייך
hin 24 Mours offer deoth Iny de notil in Item 18. Give Poges 1, 2, an niner's Office olong with form PM3 pages land2 with the State Departm hours after deoth		WAS DECEASED E	VER IN U.S. ARMED FO		16b. SOCIAL SEC		17. INFORMA		2000		ADDRESS		2701-40	_
vit an	(1	es, no, or unknow	Wn) (If yes give wi	or or dates of service)			Mrs.	Grace	Mill	er Mi	ddleto	own,	Md.	
a = -		18. CAUSE OF	DEATH (Enter anly	ane cause per l	ine far (a), (b),	and (c).)	4						PPROXIMATE A	
should be executed to word "pending" in the Chief Medical Espainiol-transit permit. Fire only event within		PART 1. I	DEATH WAS CAUSED IMMEDIAT	BY: E CAUSE (a)	PNY	eme	AINC							
be exemple be exempled by the period of the		486	2 🔨	DUE TO, OR	AS A CONSEQUE	NCE OF								
I be Thie			iny, which gave	(b)										
should e word o the Ch ouriol-tro in ony		stating the un	derlying cause	DUE TO, OF	AS A CONSEQUI	ENCE OF								
2000 3:-			J	(c)										
is certificate should te, writing the word forwarded to the Cl e used os a burial-tra removol, and in ony		1 A A	SIGNIFICANT CONDIT		7.5	UI NOT REL	FOR A	MINAL DISEASE	OR CONDITIO	N GIVEN IN PAR	[ ](a)			
his certifico ote, writing e forwarded be used os r removol, a	TION	19a, DATE OF C		1mer4	19b. CONDITION	FOR WHICE	H OPERATION	000	3/14)	F13	601)	20	AUTOPSY	
for the form	CERTIFICATION				WAS PERF	ORMED?							YES 🗀	NO 🗆
F 0 0 T		21a. EXTERNAL		21b. TIME OF	INJURY Month, D	ay, Year	21c. HOW IN	JURY OCCURRE	D (Enter natu	re of injury in Po	art 1 or Port 2,	tem 18.)		
INER: This e certificate, should be fo files. 3 should be u or ren	MEDICAL	CAUSE OF DEAT	R CONTRIBUTING	HOUR A.		1969		Le11						
S = ₹ ± £ to	ME	21d. INJURY OC		ACE OF INJURY ( bry, office building	At home, form,		21f. LOCATIO	N Street ar R.F.I	11	City ar Tov	vn	County	y	State
ute the sign of th	-	AT WORK	AT WORK	ory, ornice bollon	Hom	e	1	71 20	Lle 7	Boun	120	QE)	ick	NU
DEPUTY DICAL EXA cessory, please execute e funerol director. Page may be retained for you FUNERAL DIRECTOR: Page solth prior to buriol, cre			certify that I to						, Ins	pection,	Inquiry [	], 01	nd in my	opinion
bicase e director etained birector r to bu		death re	sulted from:	Natural cou	ses A. A	ccident [	], Suicide	, Hor	nicide 🔲,	Undetermi	ined monner			
please I directo retained retained ior to b		ACTUAL	Cotut	200	MILLER	^			OCAL EXAMINE					
EPUTY SSORY, p funerol oy be r JNERAL Ith pric		SIGNATURE _	7 7 007	- ()	-0 000		M.	W.	MEDICAL EXA		22b. DATI		3-6	9
O DEPUTY The funero S may be O FUNERA Health pr		EXAMINER'S NAME (Type)	T. G	Maamaa	, M. D.	976	מרוחה ו		EDICAL EXAMI	wn, or county)				/
ro DEPUT necessory the funer 5 moy be ro FUNERA Heolth p	230	BURIAL, CREMA					ETERY OR CREMA			LOCATION (City		(County)		ote)
		REMOVAL (Spec	ify)				an Ceme			ddlet		, , , , ,	,	
		FUNERAL BIRECT	OR	0 /		ADDRESS		250	REC'D BY REC	SISTRAR 2	Sb. REGISTRARS	SIGNATUR	MC	1.
VR A15ME (6) 10M REV. 1/68	(	ladhi	ll Co.	Middl	etown,	Mar	yland	DATE	APR	1 1969	your	wer,	Jung	Con -

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MARYLAND STATE DEPARTMENT OF HEALTH



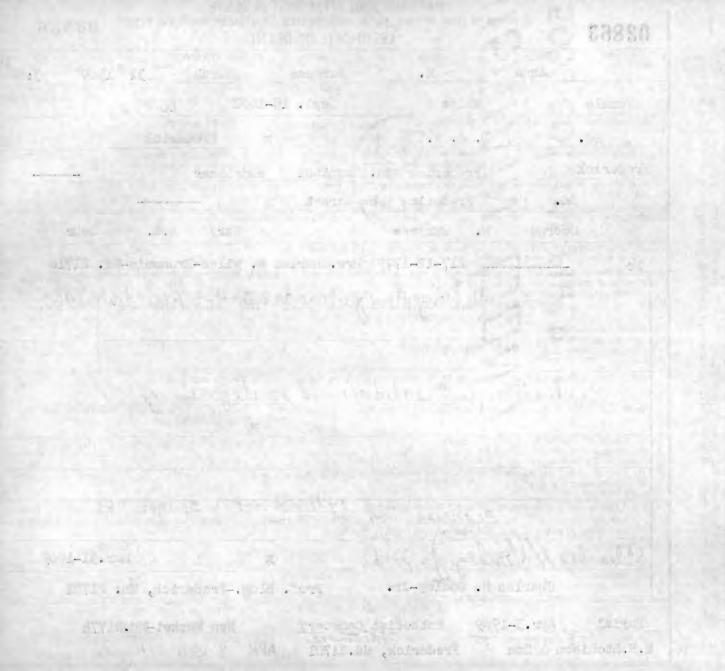
1	03861	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT		03854
			CERTIFICATE OF DEATH		00004
19 d 2	DECEASED-NAME First (Type or print)	Middle	Lost	20. DATE OF DEATH	2b. HOUR D
the funerol ges 1 and 2 after death.	KATE	M.	BIDDLE	MARCH 28	1969 6:30 M
3	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	July 18,1878	last (b)rthday)	MONTHS DAYS HOURS MIN
7	o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Al'	Michigan	U. S. A.	WIDOWED X DIVORCED	Frederick	Las
Ī	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120 USI)	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	Frederick	Monocacy Hall	Nursing Home during m	ost of working life even if retired.)	INDUSTRY
0	30. USUAL RESIDENCE (Where deceose dmission) STATE	d lived, if institution: Residence before		The state of the s	
	dmission) STATE Maryland	Frederick	Frederick YE X NO	911 Motter Pla	ce
1	4. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME F		Lost
L	Charles	H. Morse	Julia		Sessions
1	60. WAS DECEASED EVER IN U.S. ARMI	ED FORCES?   16b. SOCIAL SECURITY N	The state of the s		ederick, Md.
L	Yes, no, or unknown) (If yes give wa	an adventage age agent	Mrs. N. Edward	Lightner,911 Mot	ter Place
T	18. CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).)	1	L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED	BY: TE CAUSE (0) Can	dear anes	T	10 min
1	4124	DUE TO, OR AS A CONSEQUENCE OF	1	n / n	10211001
	Conditions, if only, which gave	16) artisa	lenti cardin	manilar digeral	5 Mlan
	rise to immediate couse (o), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	and the court	agoni, Ill	1
П	lost.	of Ceretro	trascular show	aso with demention	Saleano
	PART 2. OTHER SIGNIFICANT CONG		OT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)	-
				and the state of t	
	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY?	, 20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
1	H		YES NO TO	CHURTE OF DESTUS	The state of the s
1	210. ACCIDENT WAS UNDERLYING			noture of injury in Port 1 or Port 2, It	em 18.1
1000	OR CONTRIBUTING CAUSE OF DEATH		fillian	motors of anjury of ron 1 or roll 2, if	on ru.j
44.50			ORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County
	1101 111110	OFFICE BUILDING, ETC.	ZII. LOCATION SHEET OF K.P.D. NO.	Lify or lown	County Stote
	of work of work	hospital) attended the decree	d from March 10/	H 10 11/100 P 21 10	109 May 113 / 13
	saw the deceased ali	ve an march 2/4.19	d from March, 196	pign death accurred on the day	that (I) (we) lost
	causes stated above,	(I) (we) (did) (did nat) view the b	pady after death.	man death accourse on the dat	e una nour ona tram the
	22b. SIGNATURE 1/2			22c Di	ATE SIGNED
	3010	17 Klove	DEGREE PHYS. M		ch 27,1969
	22d. PHYSICIAN'S		22e. ADDRESS		
	NAME (Type) LeR	by T. Davis, M.D.	228 N. Mar.	ket St.Frederick,	Maryland
23	30. BURIAL, CREMATION, 23b. DA	ATE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	But pecify) Man	ch 28,1969 Mount	Olivet Cemetery	Frederick Frederick	derick Md.
2	4. FUNERAL DIRECTOR	will M. ADDRESS		Y REGISTRAR 256, REGISTRAR'S S	IGNATURE
	M. R. Etchiso	on & Son, Frederic	k. Md. APR	1 1969 1	00



		DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF T 301 W. PRESTON STREET, BALT ERTIFICATE OF DEATH	IMORE, MARYLAND 21201	03855
	DECEASED-NAME First (Type or print) RUHI.AN	Middle	lost BOYER	20. DATE OF DEATH  March Month Day	2b. HOUR
14	SEX Male	4. RACE White	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
(0	Maryland	U.S.A.	8. MARRIED C NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Frederick	Md.
00	CITY OR TOWN OF DEATH Old Braddock	11. NAME OF HOSPITAL OR INS	during m	AL OCCUPATION (Kind of work done of the working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
6/0	mary14Hd	lived, if institution: Residence before	Old BraddockYES NO	Route 5	
14	FATHER'S NAME First Howard	Middle tost C. Bover	IS. MOTHER'S MAIDEN NAME F		Ruhland
16	So. WAS DECEASED EVER IN U.S. ARME	D FORCES? or dates of service) 16b. SOCIAL SECURITY N 213 05 660	O. 17. INFORMANT EVELYN	Address Boyer, Route 5, Fre	
	PART I. DEATH WAS CAUSED I	DUE TO, OR AS A CONSEQUENCE OF		it Dister	APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT COND	(c)  JIONS CONTRIBUTING TO DEATH BUT NO  MELLO  NOTION FOR WHICH OPERATION WAS PER		ONDITION GIVEN IN PART 1(o)  20b. IF YES, WERE FINDINGS COL	NSIDERED IN CERTIFYING
MEDICAL CERTI		21b. TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19	YES NO 121c, HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, the	em i8.)
W	While Not while at work of work	ACE OF INJURY ( AT HOME, FARM, STREET, FACTO	ORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
	causes stated above.	haspital) attended the decease an 19 (We) (did) (did not) view the b	d fram, 19_2 , and that in (my)(aur) apin ady after death.	of ta Market 3, 19_nian death accurred an the date	(we) last and haur and fram the
,	22b. SIGNATURE  22d. PHYSICIAN'S	Middel	DEGREE PHYS.	ED. CTAFF CO	te signed ch 4,1969
22	NAME (Type) Wir	is J. Riddick, M.		Medical Center,Fr	
	D. BURIAL, CREMATION, REMOVAL (Specify) March	ch 6,1969 Mt. Hope		23d. LOCATION (City or Town)  Woodsboro Fred	(County) (Stote) erick Md.
DK.	Note that the same of the same	on & Son, Frederick	Md. 2 DATMAR	REGISTRAR 25b. REGISTRAR'S S	es Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03856 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOURD ve corbon popers. Pages Fond-event, within 72 hours after deat (Type or print) Month Anna Burgess March 3:00 N 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years last birthday) Female White Sept. 15-1882 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (duntry) Md. U. S. A. Frederick WIDOWED | DIVORCED TX 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) remove corbon during mast of working life, even if retired.)
Homemaker Frederick INDUSTRY Frederick Mem. Hospital 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 138 INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Frederick Md. YES T New Market NO signed by the ottending physicion and co burial-transit permit. Then please rema burial, cremation, ar removal, and in any 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last George W. Marv Burgess Lehr 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 217-12-1779 Mrs.Charles W. Wiles-Brunswic-Md. 21716 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (g).) Congestive Xailure due to A-S. plant dis PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t rise to immediate cause (o), TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept, of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE INDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 March, 1969, to 31 Mar, 1969, that (I) (we) last saw the deceased alive an 31 March 1969, and that in (my) (eur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING Mar .31-1969 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles H. Conley-Jr. Prof. Bldg.-Frederick, Md. 21701 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 230. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) Apr.3-1969 Methodist Cemetery New Market-Md.21771 24. FUNERAL DIRECTOR ADDRESS Whitmore REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 2Sa. M.R. Etchison & Son Frederick, Md.21701 Mclienlas Judge



1		03864	DIVISION OF VITAL RE	CORDS, 301	W. PRESTON STR	EET, BALTIMOR		0383	57
er deoth. funeral 1 ond 2 er death.	(			Idle I •	Cavell		DATE OF DEATH arch Month 13 De	oy 69 Year	25 HOUR 3:15M
24 hours after deoth ed jorby the funeral ppers Pages 1 and 2	3 S	Female	4 RACE White		June 2	RTH 20-1887	6. AGE (in years lost birthday)  YRS	IF UNDER E YEAR MONTHS OAYS	F JHDER 24 HRS. HOURS MIN
d is the state of	cau	Alabama	To CITIZEN OF WHAT COUNTRY  U. S. A.	WIC	-	CED   F	HNTY OF DEATH rederick		Md
within within ban ban pa		Braddock Hgts.	Que street address	la Nursi	on (If not in hospital	during most of the floring	UPAT ON (Kind of work done warring life, even if retired)	12b KIND OF B INDUSTRY	USINESS OR
executed within 24 family grandle in paper only event, within 12	13o adn	USUAL RES DENCE (Where deceased issuan) STATE Md.	d lived, if institut an Residen 13b COUNTYFreder	ick F1	TY OR TOWN	YES NO X	13e STREET AND NUMBER Route 4		
¥ ₽ 5 5		FATHER S NAME First Powell		lost Ball	35 MOTHERS MA	IDEN NAME First	Not availa	ble	Last
physkiant physkiant en please oval, and T	16a	(es, na or unknown) 1 tyes give war		SECURITY NO. LO-9632I	Mrs. Doro	othy Shaf	Address f-Rt.4-Freder		
The low requires that the death certificate be attending physician. has been signed by the ottending physiciarra se os the buriol-transit permit. Then please in prior to buriol, cremotion, or removal, and in	2	18 CAUSE OF DEATH (Enter on y PART DEATH WAS CAUSED IMMEDIAT Conditions, fony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)	DENCE OF LENCE OF	elvason enotional ATEO TO THE TERMINAL	ascalar a	cocolent sheese  ON GIVEN IN PART 1(0)		ATE MTERVA. HET AND DEATH AND OF
: The low ratending e has been use os the olth prior to	CERTIFICATION		ONDITION FOR WHICH OPERATION		YES 🗀	NO 🔀	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?		TIFYING
OR ATTENDING PHYSICIAN be retained by the hospital of DIRECTOR: After this certificat g 3 should be detached for ed with the State Dept. of Hee	MEDICAL CE	210 ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF GEATH (If either, natify medical exomine	r) ROUR A.M. Manth D. P.M.	ay Year 19			of injury in Part 1 or Part 2,	Item 18)	
	ME	21d INJURY OCCURRED While Not while at wark 22a. I certify that (I) (this saw the deceased alir		rg, etc /	21f LOCATION Street	1 - 0	(ity or Town	County	State (1) (we) last
		saw the deceased alive causes stated above, 22b SIGNATUR  22d PHYS CIAN'S NAME (Type)	ve an (I) (we) (did) (did nat) v	19 Cy lew the body	DEGREE PHYS  22e ADDR	MED DIRECTOR	STAFF C M22c	DATE SIGNED r. 14-190	
TO HOSPITAL Poge 4 may TO FUNERAL I director, pag should be fil				.Olivet	RY OR (REMATORY Cemetery	F	LOCATION (City of Town) rederick- Fre		(Stote) Md.
VR A15 (4). 45M 1/69	24	FUNERAL DIRECTOR COMMERCE M.R. Etchison &	Son 7 Free			25d A P BY REGIS DATE	STRYBCO 25b REGISTRAR	S SIGNATURE	e.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03858 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) Month Rhodes Clark March a.Mn Walter hours ofter 3. SEX 4. RACE IF UNDER I YEAR S. DATE OF BIRTH 6 AGE (n years F JNOER 24 HRS lost birthdoy) HOURS White Feb. 13, 1969 Male and/completely filled in by the requires that the death certificate be executed within 24 hours 76. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED X ] NEVER MARRIED [] 9 COUNTY OF DEATH country) Franklin USA. Frederick and in any event, within 72 WIDOWED [ DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)

Mechanical Engineer lease remove carban 709 Magnolia Ave Frederick 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CTY OR TOWN 13d INSIDE CITY 11MITS? 13e STREET AND NUMBER 13b. COUNTY Frederick YES X NO [ 709 Magnolia Ave. Marvland Frederick 14. FATHER'S NAME M'ddle Last 15 MOTHERS MAIDEN NAME First Middle Clark Clark Elizabeth Rhodes Herman the attending physician sit permit. Then please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) III yes give wer or dores of service) burial, cremotion, or removol, 709 Magnolia Ave. Mrs. Hildredh S. Clark 244-10-8765 18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriof-transit p Conditions, if only, which gove ) rise to immediate cause (a). Page 4 may be retained by the haspital or attending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b i Heolth prior to b 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g AUTOPSY? CAUSES OF DEATH? YES | NO | director, page 3 should be detached for use should be filed with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from... . 19: / 62 70 saw the deceased alive an... 1967, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED DEGREE March 1, 1969 DIRECTOR PHYS. 22d. PHYSICIAN S 22e. ADDRESS 700 Montclair Avenue Frederick, Md. NAME (Type) Dr. Robert S. Hughes M.D. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b DATE 23d. LOCATION (City or Town) (County) Plymouth, North Carolina Hillside Memorial Gardens 3-4-1969 25b. REGISTRAR S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERA, DIRECTOR VR A15 (4) 30M REV. 1/68 Frederick, Maryland DATE MAR Robert E.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03859 03866 CERTIFICATE OF DEATH DECEASED NAME FIFS® Middle Lost 20. DATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. death 2b HOUR and (Type or print) HICY March 10 VIRGINIA CLINE 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IE UNDER 1 YEAR IE LINDER 24 HRS lost birthday) white female Oct.21,1892 70 BIRTHPLACE (State or fore an 76 CIT-ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) red . Co . Md . and campletely fitted in U.S.A. Frederick DIVORCED | WIDOWED [7] TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF own home give street address) during most of working life, even if retired ) Rural-Myersville Route # 1 30 LSUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c CITY OR TOWN 3d INSIDE CITY LIM TSP 13e STREET AND NUMBER Frederick Route # Mversville and in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle tost Middle Lost Charles Rice Mary Ann Derr Rice please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or Unknown) ( yes give war or dates of service) John H. Cline, Myersville, Md. Rt 1 APPROX MATE INTERVA 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c) )
PART I. DEATH WAS CAUSED BY: Sheddin deette IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, Tony, which gove ) burial-transit arterioschrotie rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 10-20 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIM H BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been at the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TY YES 🗀 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY ( AT MOME, FARM, SIREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. NJURY OCCURRED City or Town Соилту While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 65., 1963, to 1967, that (I) (we) last saw the deceased alive on 1967, and thot in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did nat) view the body ofter deoth. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** M. B. DEGREE mar 21, 1969 PHYS DIRECTOR PHYS 22d PHYSICIAN'S 22e ADDRESS . Hagerstown NAME (Type) shaula 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23p BURIAL CREMATION. (County) (State) REMOVAL (Pourly) ,1969 Mt. Zion U. M. Myersville, Fred. Co. Md. 25b. REG STRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC D BY REGISTRAR Paul F. Bittle, Myersville, Md. DAMMAR



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MARYLAND STATE DEPARTMENT OF HEALTH



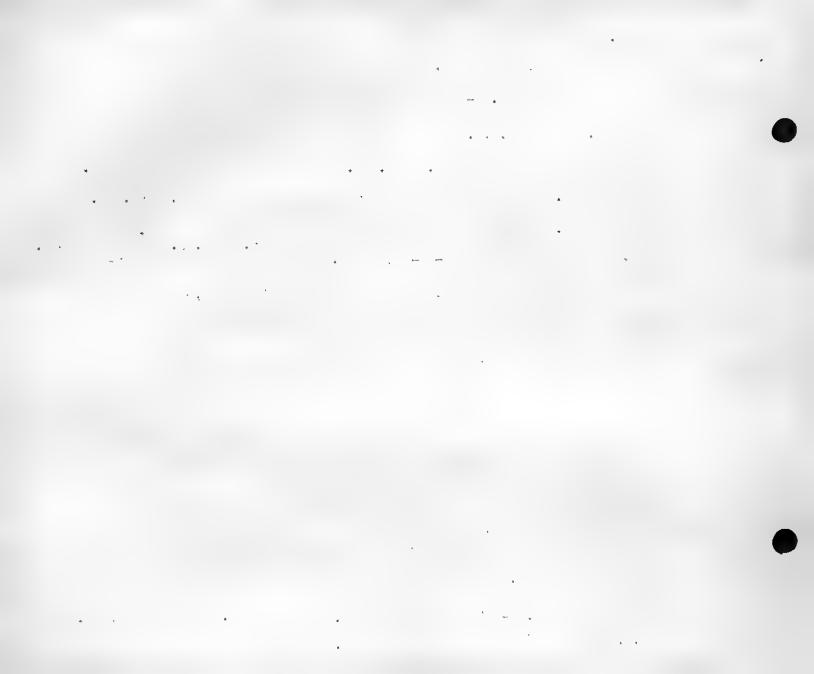
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03862 CERTIFICATE OF DEATH 1. DECEASED-NAME M.ddle Last First 2a. DATE OF DEATH 2b. HOUR D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled is by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers is got and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 augus after death. 24 haurs after death, (Type ar print) Month Carrie May Easterday March 1969 a 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years FLINDER LYEAR IF LUNDER 24 HRS last birthdoy) MONTHS DAYS HOURS Female White February 1h.1892 VR5. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED MEVER MARRIED Maryland U. S. A. DIVORCED [ WIDOWED -Frederick 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12b KIND OF BUSINESS OR executed within give street oddress)
Frederick Memorial Hospital Housewife INDUSTRY Frederick 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE lam county Frederick NO. Route Route L 14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle é Daniel Michael Whipp Mary Myers Jane requires that the death certificate 160. WAS DECEASED EVER IN ILS ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes pa, ar unknawn) fit was give wor or dates of service) Donald G. Easterday, Rt. 4. Frederick 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (d) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1(g) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO 💢 YES 🗀 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) Stote 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS. March 25, 1969 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) S. Hughes. M. D. Montclaire Ave. Frederick. Md. Robert 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23b, DATE 23a. BURIAL, CREMATION REMOVAL (Specify) St. Lukes Cemetery Feagaville Frederick Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1969 Oricens an M. R. Etchison & Son, Frederick, Md.

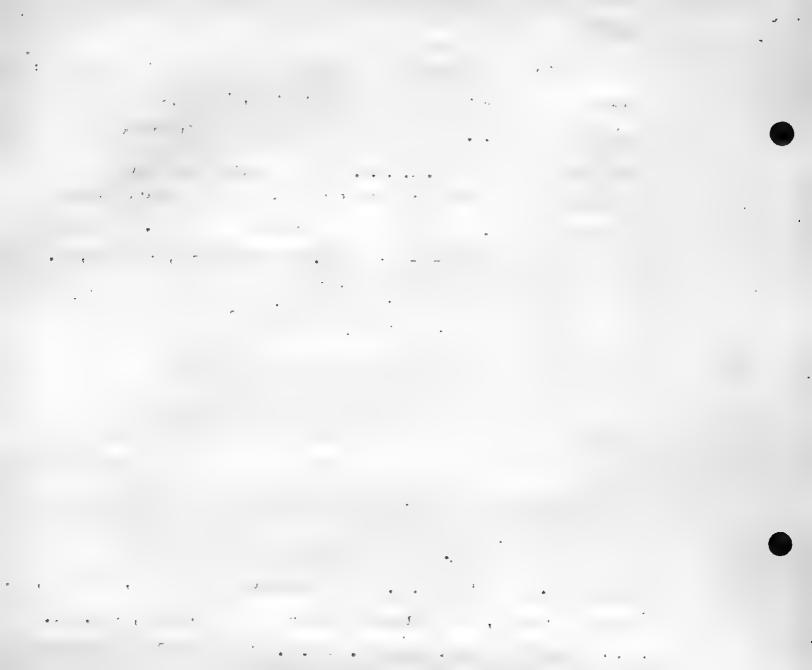


3. SEX  Female  4. RACE  White  S. DATE OF BIRTH  JULY 21, 1888  JULY 21, 1886  JULY	
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Tucker, Sr.   Sallie   Mull	tep
18. CAUSE OF DEATH (Enter any one couse per lipe far (g), (b), and (c))   200   20	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave isse to immediate cause (a), stating the underlying cause (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  CLASSIAN OF DEATH WAS UNDERLYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?  YES NO CAUSES OF DEATH?  PUBLICAN COURSE OF DEATH POWER AIM.  Anoth Day Year 199 CAUSES OF DEATH POWER AIM.  Anoth Day Year 199 CAUSE OF DEATH POWER AIM.  Anoth Day Year 199 CAUSE OF CAUSE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town Country while of work of all work of the submide of the deceased dive on Country (West) (did not) view the body after death.	, wd.
DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)  CLICATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY?  YES NO CAUSES OF DEATH?  21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   19 TOR CONTRIBUTING TO PORT 2. Item 18.)  POR CONTRIBUTING   CAUSES OF DEATH   19  21d INJURY OCCURRED   21e, PLACE OF INJURY   AT HOME, FARM, STREET, FACTORY.)   21f LOCATION Street or R.F.D. No City or Town Country  While   Not while   22e. PLACE OF INJURY   AT HOME, FARM, STREET, FACTORY.)   21f LOCATION Street or R.F.D. No City or Town Country  22a. I certify that (I) (this hospital) attended the deceased from (24 1, 19 1, to 1, 19 1, to 1, 19 1, that (I) (we) (did) (did nat) view the body after death.	NTERVAL AND DEATH
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OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year  [If either, natify medical examiner) P.M.  21d HIJURY OCCURRED While at wark at wark of war and the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	
While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from 19 1, 19 17, ta 22 May, 19 19 1, that (I) (we did) (did nat) view the body after death.	
22a. I certify that (I) (this hospital) attended the deceased from 19 4, 19 47, ta 22 May, 19 4, that (I) (we saw the deceased alive an 24 May 19 4, and that in (my) (our) apinion death accurred an the date and hour and from causes stated above, (I) (we') (did) (did not) view the body after death.	State
causes stated above, (i) (we) (et al.) (did not) view the body after death.	(we) Inc
	fram the
22b 5 GNATURE 22c. DATE SIGNED	
DEGREE PHYS DIRECTOR	59
22d. PHYSICIAN 3  MAME (Type)  James E. Stoner, Jr. M.D.  Walkersville, Maryland	
230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote Bright Specify) March 25,1969 Mount Olivet Cemetery Frederick Frederick Md	,
24 FUNERAL DIRECTOR Hough M. ADDRESS Frankler, 250 REC D BY REGISTRAR 256 REGISTRAR S 5 GNATURE	
M. R. Etchison & Son, Frederick, Maryland DATEMAR 2 6 1969 Clearly Junger	En .



	1		DIVISION		RECORDS, 301				LADVIANI	21201		0.0	
FOR STATE		13671	3		CAL EXAM					21201		03	864
HEALTH DEPT.		ECEASED-NAME	First	-	Middle		Las*	OI DEF		DATE KNOWN	7 Manth	Day	Year 25 HOUR
of ge		Type or Print)	Jo]	hn	Wm.	Fl	ickinger			OF ESTI-	13	17	19/37 117 M
delay is and 3 ta W3 Page	3 5		4 RACE	S. DATE OF B		6 AGE ( n years	MONTHS DAYS	IF JNDER 24		DATE PRONOUNCE	ED DEAD		2d HQUR
ny delta 2, and PM3		Male	White	_	8-1921	47 YRS			Mille	Manth 3	Day	Year	1969 77 M
50		BIRTHPLACE (State		6 CITIZEN OF W			RIED NEVER MA		9. COUNTY				
Pages 1,		(HY OR TOWN OF		U.S				ORCED []		erick		Inc. days	Md.
And form with form	10.	Frederi			NAME OF HOSPITAL				uat UCCJPA mast of war	TION (Kind of w king life, even : — Auto	rark dane Ejetired,)		OF BUSINESS OR Garage
offer de Give de Grand de Gran	13a			6	tut an Residence b	Lith. S	OR TOWN	3d INSIDE CITY LA	inter	- Auto	Shop	Re.	Garage
death the good of		dmissian) STATE	Md.	136 COUNTY	Frederic		derick	YES 🔂 NO	1.00	05 W. 1	-1-01	Q+ .	
24 hours after death in Item 18. Give Pagin's Office along with ss I and 2 with the starts ofter death.	14	FATHER S NAME	First	M.dd		Last	15 MOTHERS MA		Frst		ddie	300	last
24 h ris O ris O ris of			Wm.	Hen	ry Flic	kinger			Ruth		N .	Во	one
hin 24 nal in naer's pages haurs	16a	WAS DECEASED EV	ER IN U.S. ARMED F		16b SOCIAL SECU		7 INFORMANT	105 W	• 14t	h.St.ADDR	ESS Fre	deric	
l within n pencil Examine File pagi		res, no, ar Jaknaw Yes	W WE	rar or dates of survice)	217-16-	-2213	irs. Eve	lyn Cl	abaugl	h Flick	inger	<b>1-10</b>	
ed v of 59 ii. Fi ii. Fi		18. CAUSE OF	DEATH (Enter and	y ane cause per	line for (a), (b), an			21		- /		APP BETW	PROXIMATE INTERVAL TEN ONSET AND CEATH
be executed "pending" in i.ef Medicol E pnsit permit. F event within		// AKI I. U		TE CAUSE (a)	MCUTE	CON	restive	He	BR7	Faily	hQ_		
se ex pend of M sit p		7	T Ky, which gave )	DUE TO, O	R AS A CONSEQUEN		n) -	FAR					
d brand trans		rise ta immed	iate cause (a), (	(b)	R AS A CONSEQUEN	ARDII	16 L.	NFAR	41/01	7		-	
should be e te ward "per to the Chief I burial-transit		stating the un last	declying cause	·	1. 1		1:00-	10-	. 6		-		
ate stage the gather and to and in		PART 2 OTHER S	CNIFICANT CONDI	(c).	TING TO DEATH BU			CLIFFS C	ANDITION CIT	15e2556		1	
LEXAMINER: This certificate should be executed within 24 secute the certificate, writing the ward "pending" in pencil in Page 4 should be forwarded to the Chief Medical Examiner's arryour files.  R: Page 3 should be used as a burial-transit permit. File pages fall, crematian, ar remaval, and in any event within 72 hours		TAKT 2. OTHER	ORITICALLY CORD)	HONS CONTRIBS	INO TO DENTE BO	NOT KELATED	O THE TERMINANT L	JISEMSE OK (U	MUITION GN	ren in Paki i(d)			
ns certific tre, writin forward se used as remayal,	ATION	19a. DATE OF O	PERATION		196. CONDITION I		RATION		····			20	AUTOPSY?
his of the period of the perio	CERTIFICATION	L			WAS PERFOR	RMED?							YES NO NO
d be d be d. y d.		21a EXTERNAL (	AUSE WAS CONTRIBUTING		F (NJURY Month, Da	r, Yeor 2	IC HOW INJURY O	CCURRED (Ente	er nature of	in <sub>i</sub> ury in Part 1	or Port 2, It	tem 1B)	
INER: The certification of the	MEDICAL	CAUSE OF DEATI	1	F	P.M.	19							
KAMINER: te the certi ge 4 shauld your files. oge 3 shaul crematian,	≨	21d INJURY OCC		LACE OF INJURY ary, affice buildi	(At hame, farm, string, etc.)	reet, 2	LOCATION Street	ar R F D. Na		City or Town		County	State
blose execute the cert director Page 4 shauld eta med for your files. DIRECTOR: Page 3 shou		AT WORK A		1 1 7			1.14						
					the remoins des					القب ا	nquiry [		d in my opinion
		deoth re	sulted from:	Notural con	uses 🔼 , Acc	ident		Homecide		Indetermined	monner		
		ACTUAL	Theit	41/1	2111110	/		EF MED CAL EX			22b. DATE	SIGNED	
GRAPE PT		SIGNATURE L.		11000	C. Carrie			PUTY MEDICAL			220, DAIL	3-17	-69
O DEPUTY necessory, properties from the funeral of the form of the following the follo		NAME (Type)	Robert	J. The	omas			DRESS(Street,		r county)			
5 g f v 5 g	230	BURIAL, CREMAT	ION, 23b	DATE	23c NAM	E OF CEMETERY	OR CREMATORY	-	23d LOCA	ATION (City or To	wn)	(Caunty)	(State)
*		REMOVAL (Speci Burial	Mar	-20-196		haven l	lem.Garde			f Frede	rick.	Md.	21701
VD ATCHE (The	24	MARA BA	chison &	LOTI	Tibes as all	DDRESSTAR	tmore	250 REC'D	BY REGISTRA	AR 2Sb. R	EGISTRAR S	SIGNATURE	
VR A15ME (\$10M REV 176		*** 477 471 0	OTTT DOLL Ø	TOOL	rred	erick,	Md.21701	DATEMAN	$\langle 21 \rangle$	1969	A. Mary B.	1 July 9	ubar.
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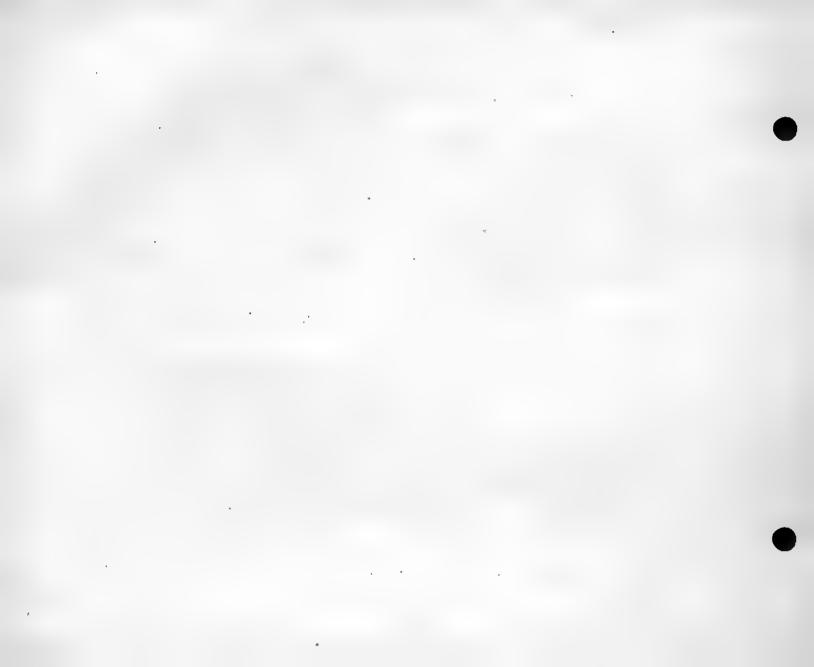
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	03873 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03866
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month	
三年曾	Gaither R. Kr FRUSHOUR DEATH MATED 3	28 1969
de la	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (no years of LADER 1 YEAR 15 UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months Days Hours Milk. March Doy. 8	Yeor 2d HOUI
2, a PM part	male caus. June 4,1928 40 yrs March 28  70. BIRTHPLACE (Stote or foreign 76 (ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	19 6 <b>6</b> 1
s l, arm e De	County red.Co.Md. U.S.A. WIDOWED DIVORCED Frederick	N
hours after death any term T& Give Pages 1, 2, a Office along with farm PM and 2-with the State Depart after death	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital lawing sport of working die even if retired)	12b KIND OF BUSINESS OR
er de	Myersville give street oddress) Route # 2   during cost of working the even if retired)	onstruction
24 hours after in perm 18 Give softice along so land 2 with the rs after death	Maryland 13b COUNTY Frederick Myersville YES NO Route # 2	
Office offer offer of the offer	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
4 6 7 7 8 8 1	Ralph B. Frushour Erma Elizabeth	Gaver
Thin cit page	166. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes gave wer or doles of survive) 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 229-34-5429 Mrs. Margaret L.Frushour.	Management 2.2 a
f with per Example File		APPROXIMATE INTERVAL D BETWEEN OWSET AND BEAM
be executed within "pending" in pencil in the first medical Examine insit permit. File page event within 72 hau	18 CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  FRACTURED  SKULL	BETWEEN ONSET AND BEAMS
exerendir Med T per	8/2 DUE TO, OR AS A CONSEQUENCE OF	
d be d 'p Chief ransi	Conditions, if ony, which gove ) rise to immediate cause (a).	
shauld be to word "pe in the Chief burial-transit I in any even	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
te sh the d ta a bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ifica iting ardec	N N N N N N N N N N N N N N N N N N N	
This certificate shauld cate, writing the word be forwarded to the Cl be used as a burial-tru ir remaval, and in any	190. DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  216. TIME OF INJURY Month, Doy, Year  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, In	20 AUTORSY?
This reate for the formal per fer reate or re	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It	rem 18.)
INER: Thi certificat shauid be files. 3 should be ation, ar r	FRIMARY OR CONTRIBLING HOURANT 3-281969 TWO COR - HEDDON - CO	LUSION
		County State
EXA cute age age r yau		ond in my opinio
TTY EDICAL E.  y, pleasmexment per of direction. Pose retained for RAL DIRECTOR: prior to buriol,	death resulted from. Natural causes , Accident S Suicide , Homicide . Undetermined manner	
please I directe retained I DIREC	CHIEF MEDICAL EXAMINER	
Y, ply, ply, ply (AL Derior Perior Period Perior Perior Perior Perior Period Period Perior Period Pe	SIGNATURE   OFFICE   AD LEGICAL DATE   226. DATE   226. DATE	SIGNED LAD (9
	EXAMINER'S NAME (Type) Robert J. Thomas  DEPUTY MEDICAL EXAMINER ADDRESS(Street city town, or county)	Tidural
TO DEPU	230 BUR AL, CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town)	(County) (State)
	REMBUISMENT Mar. 31,1969 Mt. Zion U. Methodist Myersville, Fr	
VR A15ME (5)	Paul F. Bitter, Myersville, Md. DATE APR 2 1969 Clien	SIGNATURE
TOM REV 1768	Taut I. Direce, Myers ville, Mar harding to	10



MARYLAND STATE DEPARTMENT OF HEALTH 03867 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH DECEASED-NAME First 24 haurs after death. (Type or print) filled in by the funeral papers. Pages I and Joseph March Francis Geiselman burial, crematian, ar remaval, and in any event, within 72 hours after 3. 5EX A RACE 5 DATE OF BIRTH RE UNDER 1 YEAR 6 AGE (In years lost birthday) MONTHS ! DAYS HOLES Male White March 19, 1912 YRS 7b CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) U.S.A. Maryland WIDOWED [ DIVORCED [ Frederick 12a, USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baspitol 126 KIND OF BUSINESS OR during most of working life, even if retired)
Mechanic give street address) INDUSTRY WIE the attending physician and campletely, sit permit. Then please remave carban Emmitsburg Auto 130, USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland The law requires that the death certificate be executed 13b. COUNTY Ermitsburg Frederick 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Charles E. Geiselman Sr. Marie McNulety 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address Yes, pg. or unknown) (If yes give war or dates of service) 212-03-4439 WW2 Charles E. Geiselman. Emmitsburg. Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH signed by the attendir burial-transit permit. IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any which gove rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO ITA YES 🗀 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R. F.D. No. County Stote City of Town While Not while ot wark 22a. I certify that (I) (this haspital) attended the deceased from 1964, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above (I) (we) (did) (did nat) view the bady after death. 226 DATE SIGNED 22b SIGNATURE ATTENDING DEGREE DIRECTOR PHY5 PHY5. 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) Emmitsburg. Md. Dr. W. R. Cadle 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL, CREMATION. 23b. DATE 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Ermitsburg, Frederick Co. Md. St. Anthony's Shrine March REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Emmitsburg, Md. 30M REV. DATE Wilson



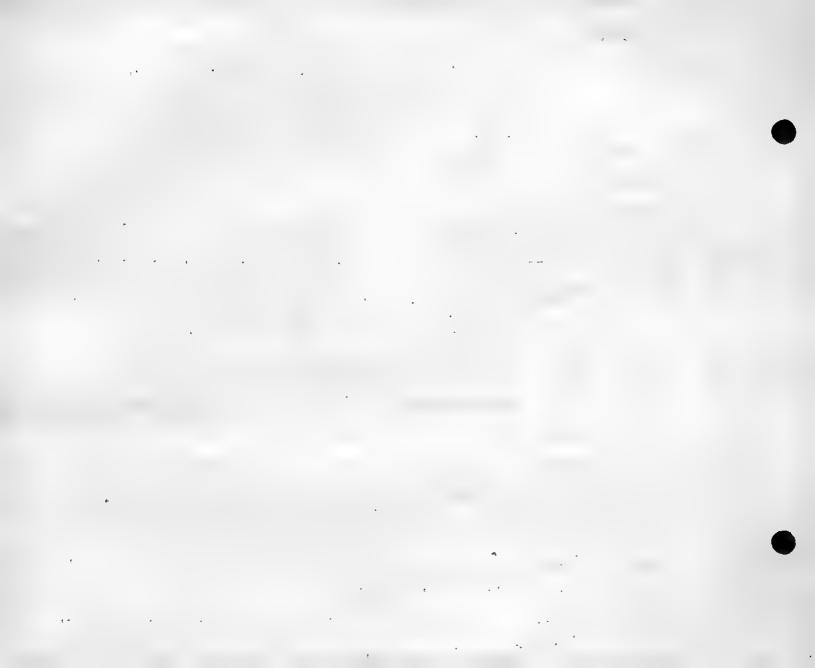
1 1	MARYLAND STATE DEPARTMENT OF HEALTH
and the same	03875 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 25 HOUR
is to of	(Type or Print) LEVI T. GRAY DEATH MATED [2] 3 26 1967 M
ony delay is 2, and 3 to PM3. Page partment of	3 SEX 4 RACE S DATE OF BIRTH 6 AGE IN YOURS IF JANDER 1 YEAR F UNDER 24 HRS 20 DATE PRONOUNCED DEAD 70 HOUR
del and 13.	Male White Aug. 24, 1906 62 VRS MONTHS OATS HOURS MIN. Month Day Year 1967 5 MM
Ph Ph	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
- 8 -	
deoth with to	"Virginia U.S.A. WIDOWER DIVOKED FREGERICK Md
400年	10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if relired,) INDUSTRY
fer deoth Give Poges and with To	Rural-Mt. Airy   Route 4   warenouseman '
£ 0 € €	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. IMSIDE CITY LIMITS? 13e STREET AND NUMBER
s afte 18. G after	odm ssion) STATE aryland 3b (OUNT) Frederick Mt. Airy YES □ NO ☑ Route 4
E E E	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
d within 24 hours a in pencil in Item 18. Examiner's Office of File pages 1 and 7 vin in 72 hours ofter <del>dec</del>	Tildon H. Gray Sarah Aleshire
hin 24 nal in niner's pages hours	
min min min ho	(Yes, po, or unknown)   (if yespergraphy war ordates of service)   A   A   A   A   A   A   A   A   A
Exar Exar File	I page with a proper
ed in it. F	18. CAUSE OF DEATH (Enter only one couse per line fog(o), (b), and (c))
be executed "pending" is inef Medical insit permit.	PART I DEATH WAS CAUSED BY MEDIATE CAUSE (a) Heart Fullet
And We	4/24 DUE TO, OR AS A CONSEQUENCE OF
ief instit	Conditions, if dry, which gave ) (b) HRTELIO STIEFENCE CARD, OURS CUPPE WISEGIC
P to the	rise to immediate couse (a)  Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
should be e he word "per to the Chief I buriol-transit	lost,
KAMINER: This certificate should be executed within 24 hours after death te the certificate, writing the word "pending" in pencil in Item 18. Give Page 19 4 should be forwarded to the Chief Medical Examiner's Office atoms with your files.  age 3 should be used as a buriol-transit permit. File pages 1 and 7 with the Statemation, or removal, and in any event within 72 hours after deeth.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ing the	TAKE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESITE BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN TAKE 1(d)
artifit and o	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
certil , writ orwar used mova	WAS PERFORMED?
MINER: This of the certificate, the certificate, the should be four files.  The should be used the should be used to be u	YES NO X
#=	210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Yeor 21c. HOW INSURY OCCURRED (Enter noture of injury in Part 1 or Part 2, liem 18)    PRIMARY OR CONTRIBUTING   HOUR A.M.
INER: should files. 3 shou	CAUSE OF DEATH P.M. 19
State and a state	
XAM tre th ge 4 your ?age crem	WHILE NOT WHILE AT WORK AT WORK ( ) AT WORK (
G 5 9 7 E .	220   certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry . and in my opinion
JICAL E	
director estorned brech	death resulted fram Natural causes A. Accident . Suicide . Hamicide . Undetermined manner .
direct direct retoine on REC	CHIEF MED CAL EXAMINER (HIEF MED CAL EXAMINER)
	SIGNATURE MD ASSISTANT MED CAL EXAMINER
	EXAMINER'S Robert J. Thomas, M.D.  DEPUTY MEDICAL EXAMINER EL S/47/67
TO DEPUT	NAME (Type)  ADDRESS(Street, city, town, or county)
36年20年	230 B_RIAL, CREMATION 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Slote)
OBE OF IM	Burial 3/29/1969 Locust Grove Frederick, Md.
603 310W	THE MENT DISCUSTOR ADDRESS ADD
8 DE VR AISME (5")	C. M. Waltz, Box 241, Sykesville, Md. Dale 2 1969
10M REV 1/68\ 1	, , , , , , , , , , , , , , , , , , , ,



			MARYLAND STATE DEPARTMENT OF HEALTH	
1/1		00000	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	03869
10		03876		
death.	1 DE (T	CEASED NAME F	ist LAFAVFTTF (TRIMFS 20 DATE OF DEATH  LAFAVFTTF (TRIMFS 20 Month 14 Day	26. HOUR 7:45 PM
,	3 SE	10006	4 RACE S. DASE OF BIRTH 6 AGE (In years	1F JHDER 1 YEAR   1" LINDER 24 HRS
requires that the death certificate be executed within 24 hours after a physician. I signed by the attending physician are remove carban papers. Pages a burial-transit permit. Then please, remove carban papers. Pages a burial, crematian, ar removal, and in any event, within 72 haurs after a burial, crematian, ar removal, and in any event,		MALE	WILLTE JANI 1898 lost Aughday) YRS	MONTHS DAYS HOURS MIN
aurs aurs aurs		RTHPLACE (State ar fareign	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
4 hora in pers 72 h	com	MARYLAN	DI OS, WIDOWED DIVORCED - FREDERIC	K. Md.
are executed within 24 haurs a are contained in by the carbon papers. Page in any event, within 72 haurs	(0. C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (14 mores hospital leading goal of washing fe avening series)	126 KIND OF BUSINESS OR INDUSTRY
with rely rbarry with	Y	VALKERSV	TALE GOLDS BURG THE CESTIFIE FINGE CLER	K -C EMENI
uted mole	odmi	USUAL RESIDENCE (Where dec	reased lived funstitution Residence before 13s CITY OR TOWN 13d INJUST CITY LIMITS? 139-STREET AND NOMBER	D MARE
T A S	14 F	ATHERS NAME First	M ddle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
a a a	<	JAHN (	TRIMES LAURA HISHER	
physician phase per please and it	160.	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address	A JVID.
phys		110	110 191-00-1172 WKSHILEI-OPT WOWSKI	APPROXIMATE INTERVAL
he death certifi s attending phys permit. Then p		18 CAUSE OF DEATH (Enter	AUSED BY: ADDITION CAUSE (a) Australia Cause per une far (o), (b), and (c) ) AUSED BY: ADDITION CAUSE (a) Australia Cause Caus	BETWEEN ONSE! AND GEATH
deat tend mnt.		IMM		Jan. 1969
the at		Conditions, if any, which go	DUE TO, OR AS A CONSEQUENCE OF	mar. 1968
hat n. yy # ansi		rise to immediate couse (	0).	
squires that the death physician. signed by the attendibution-transit permit. burial, crematian, ar re		last,	—) (c)	
phy phy sign buri		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ding ding een the pr to	NO	19g. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The law attendin has bee as the prior t	CERTIFICATION	FIG. DATE OF OPERATION	YES NO CAUSES OF DEATH?	
ar a		210. ACCIDENT WAS UNDER	RELYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (Enfer nature of injury in Port 1 or Part 2,	tem 18)
of He	MEDICAL	or contributing cause of (If either, notify medical ex	FDEATH HOUR A.M. Manth Doy Year cominer) P.M. 19	
PHYSICIAN: e haspiral an his certificate stached far u Dept. of Hea	WE	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
te D		While Not while at work	(1) 1 2 D 0 1 1 d 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	49 that (I) (wa) last
ATTENDING etained by the CTOR: After the should be divith the State		22a. I <b>certify</b> that (I) saw the decease	(this hespital) attended the deceased from 1962, 1962, to 2007, 1964 alive on 1962, and that in (my) (1967) appinion death accurred an the deceased from 1964 and that in (my) (1967) appinion death accurred an the deceased from 1964 and 1	te ond hour and from the
OR: action		(date) ligital op	(i) (ii) (iii) (did) (did not) the bad of other boats.	
OR A) De retc URECT School School		22b. SIGNATURE	ATTENDING MED. STAFF	DATE SIGNED
y be y be gge filed		22d. PHYSICIAN'S	22e. ADDRESS	7,3/-/
PITA ma ERAI Ir, p		NAME (Type)		UD. 21793
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemple a may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician arrange director, page 3 should be defached for use as the burial-transit permit. Then please remo should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any	<b>73</b> p.	BURIAL, CREMATION, 2	23b DAYE 23c NAME OF CEMPTERY OR CREMATORY) 23d. UDCATION (City or 1800)	(County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	14	SUR POLICE	2/17/69 VITVIEW CEVI QNION DR	SCHOOL STORY
VR A15 AT	1	TUNERAL DIRECTOR	ADDRESS BOLL AND BOLL FOR SECURITION OF REGISTRATES	0
Olive very	K	J. TAKILI	N-K 1001V> (114/0/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	



1				D STATE DEPARTMENT OF 301 W. PRESTON STREET, BAL		03878
7		03877		CERTIFICATE OF DEATH		03310
death. nerol ond 2 death.		CEASED NAME First  YPE or print) NELL	IE VICTORI	A CYCVE	20 DATE OF DEATH March Month 3	25. HOUR 1969 1:40 M
offer the fur 1ges 1 s after	3. SI	x Female	4 RACE Caucasian	S DATE OF BIRTH NOV. 19,	1876 6. AGE (In years last birthday)	F JNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
4 hours		BIRTHPLACE (State or foreign try)  Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED NIVORCED NIVORCED	9 COUNTY OF DEATH Frederick,	Md
ecuted within 24 hours ofter death.  Completely filled in by the funeral over carbon papers. Pages 1 and 2 years.	10. 0	ITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INS give street address) Frederick M	emorial Hosp.   12a. US	JAL OCCUPATION (Kind of work done not at working life, even if retired )	12b. KIND OF BUSINESS OR INDUSTRY None
omplete	13a adm	USJAL RESIDENCE (Where deceos ssion) STATE Marylan	ed lived, if institution: Residence before d lab COUNTY Frederick		13e STREET AND NUMBER 10 143 West Pat	rick Street
be exe	14. 1	ATHERS NAME First Luther	Middle Lost C. Derr	IS MOTHER'S MA DEN NAME Vict		aley
tificate hysicior n pleos val, and	160. N	WAS DECEASED EVER IN U.S. ARN es, ne, gr unknown) (If yes give w	NED FORCES? or or dates of service) 219-54-69		F. Grove, Jr. 143	W. Pat. St.
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Poge 4 may be retained by the hospital or ottending physicion.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and fompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove the pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event.		PART I. DEATH WAS CAUSED IMMEDIA  Canditions, if ony, which gave nise to immediate cause (a), stating the underlying cause lost.	(c) DBY:  OBY:  OB	ongerline fail	CONDITION GIVEN IN PART I(a)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH  32000 V
The law ratending bases been see os the h prior to	CERTIFICATION	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?  YES \ NO G	20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
SICIAN: spitol or ertificate ed for u	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examin	H HOUR A.M. Manth Day Year ner) P.M. 19	,	er nature of injury in Part 1 ar Part 2, !	
<b>G PHY</b> the ho this of detach	_	While Not while		TORY.) 21f. LOCATION Street of R.F.D. M		County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cressingly.		22b. SIGNATURE  22b. SIGNATURE  22d. PHYSICIAN'S	is haspital) attended the elecease live an 3331, (I) (we) (did) (did nat) view the 3431, (I) ames B. Thomas,	- DEGREE ATTENDING PHYS 22e. ADDRESS	MED. STAFF MED. MED. MED. MED. MED. MED. MED. MED.	te and haur and fram the date signed arch 3, 1969 derick, Md.
O HOSP Poge 4 O FUNE director	23o	BURIAL, CREMATION, 23b	DATE 23c. NAME OF	CEMETERY OR CREMATORY Olivet Cemetery	23d LOCATION (City or Town) Frederick, Fre	(County) (State)
VR A15 H	24.	FUNCRAL DIRECTOR RObert E. Dail	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR'S	



1		03878		ORDS, 301 W. PRI	PEPARTMENT OF H ESTON STREET, BALTI NTE OF DEATH	IEALTH IMORE, MARYLAND 21201	03871
eral and 2 death.	1. D	ECEASED-NAME F 151	Mada nald Wayne	e	Last	20. DATE OF DEATH March Month 15 Do	2b. Houre 10:45
(IV)	3 5	Ma <b>le</b>	4 RACE White		. DATE OF BIRTH Sept • 13–194	6 AGE (In years 2015 birthday)	IF UNDER YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN
d in by pers. 72 hau	ran	Md.	76 CITIZEN OF WHAT COUNTRY?  U. S. A.	M-DOWED [	DIVORCED	9. COUNTY OF DEATH Frederick	Mo
within		Trederick	rederick	Mem. Hosp	ital Hand	occupation (Kind of work done per of working life even if refer to a composition of the c	126 KIND OF BUS NESS OR INDUSTRY
cianand completely filled in east reprove carbon paper ond-irrony event, within 72	adm	USJAt RESIDENCE (Where deceosission) STATE	13b COUNTY Frederi	ck Freder	ick YES NO	Route 4	
		FATHER'S NAME First WITL		mbine		Ruth V.	Dudrow
physicie en plec ovol, or	160	WAS DECEASED EVER IN U.S. ARM  es, no ar unknown) (It yes give w			ormant s.Shirley G.	Gross-1601-18th	
signed by the urenaing prystabuliol-tronsit permit. Then bit buriol, cremation, ar removol,		PART 1. DEATH WAS CAUSED	y ane cause per ine far (a), (b) 8Y. TE CAUSE (a) DUE TO, OR AS A CONSEQUE		Uremia	7	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH  CO NUBLITY
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buriol, a		last	(c)	BUT NOT RELATED TO 1	<u>Ites Well</u> THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART I(a)	23iforz,
shauld be filed with the State Dept. of Health prior to	CERTIFICATION	19a DATE OF OPERATION 19b (	ONDITION FOR WHICH OPERATION	WAS PERFORMED	20g. AUTOPSY? YES NO V	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
. of hear	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, nathly medical examin	HOUR A.M. Month Day er) P.M.	Year 19		noture of injury in Part 1 or Port 2,	
3	2		PLACE OF INJURY ( AT HOME, FARM, OFFICE BUILDING,		ATION Street or R.F.D. No	City or Tawn	Caunly State
5		22a I certify that (I) (thi saw the deceased al couses stated above	s hospital) attended the d ive an 3/15 ,(I) (we)(did)(did nat) vie	eceased from 1909_, and t w the bady after de	, 19 <u>.ठ</u> that in (my) (aur) apu ath.	8. to 3/5, 19 nion death occurred on the d	169 , that (I) (we) los ate and haur and from the
led with		206. SIGNATURE	Thomas	/ DEGREE		ED STAFF 22c ME	DATE SIGNED ar. 15-1969
far, pa			es B. Thomas			Frederick-Md.	21701
Salon			.18-1969 Mt.	Hope Ceme	tery	23d LOCATION (City or Town) Woodsboro- Md.	
1128	24	M.R.Etchison	& Son' Frede	odress Whitme rick, Md.2.	1701 250 REC D BY	4 0	S SIGNATURE

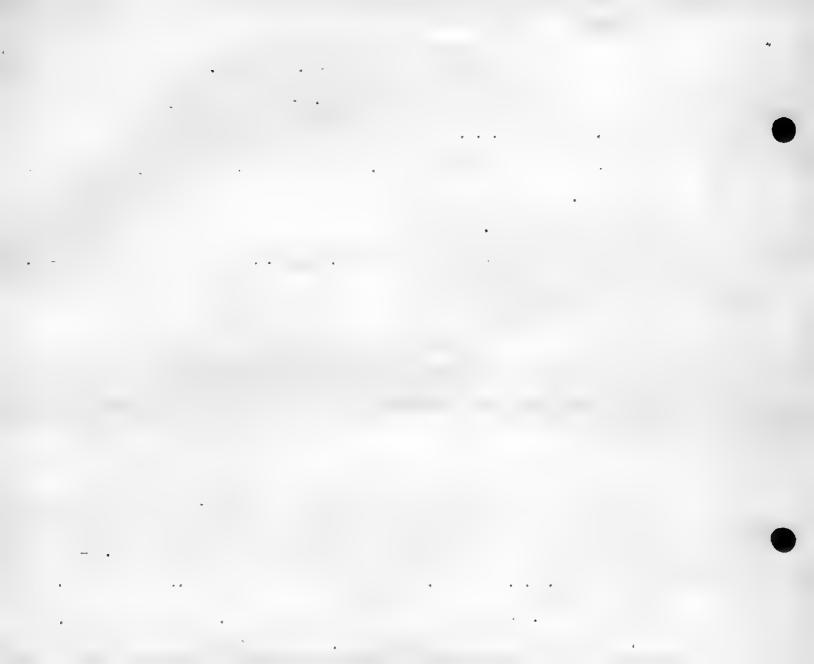




MARYCAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03872 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. 1 DECEASED-NAME First Middle 20. DATE KNOWN Month 2b HOUR (Type or Print) John Floyd Harp DEATH MATED 1969 pages 1 and 2 with the State Department 4 RACE E LINDER YEAR IF TIMBER 24 HRS 3 5EX 5 DATE OF BIRTH 6 AGE ( n veors 2c DATE PRONOUNCED DEAD 2d HOUR Apr.18,1931 male caus. 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED DE country) FredeCo.Md. U. S. A. Frederick WIDOWED [ DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Mversville during most of working if even if ret red red relation give street oddress) Route # 2 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY ENMISS 13e STREET AND NUMBER odmissing as A Vland 13b Commederick Route MversvilleyES INO K hours ofter 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Middle John Franklin Harp Leona Cross 160. WAS DECEASED EVER IN US ARMED FORES? ] 053 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS .1954220-30-9389 Mrs. Leona E. Harn Myersville, Mo This certificate should be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART 1. DEATH WAS CAUSED BY: burial-tronsit permit. IS CAUSED BY: Conditions, if one, which gave rise to immediate cause (o). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES P NO 🗔 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING COLLISION cremation, HEAD-ON CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County foctory, office by Iding etc.) WHILE AT WORK AT WORK MYERSVILLE -FREDERICK-MD. burial, 22a. I certify that I took charge of the remains described above, held on Autopsy 174. Inspection . Inquiry [ and in my opinion deoth resulted from: Notural couses . Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Robert J. Thomas ADDRESS(Street, city, town, or county) NAME (Type) 0 230 BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 1969 Wt. Zion U MethodistMyersville Fred 25b. REGISTRAR S S GNATHR 24 FUNERAL DIRECTOR VR ATSME (5) Myersville, Md DATAPK



-	DEC	03880		N OF VITAL RECORDS	CERTIFIC	ATE OF DE	АІП				
ľ			Lias	Milo	Ноот	per-Sr.	Ma	DATE OF DEATH Month	19 Day	69 Year	2b HOUR 10:16
3.	SEX		4 RACE			5. DATE OF BIRTH		6 AGE (In y	eors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
L		Male		White		Feb. 7-1	L898	lost birthde	αγ) YRS,	MONTHS DAYS	HOURS NAME
	o. Bl	RTHPLACE (State or fareign ry)  Md.		OF WHAT COUNTRY?	8. MARRIED E	NEVER MARRIED DIVORCED		nty of death Frederick			Md
		Y OR TOWN OF DEATH Frederick		11 NAME OF HOSPITAL OR II give street oddress). Frederick	Mem. Ho		12a USUAL OCCU turing most of w armer—L	PAT ON (Kind of war tarking life, even if r IVE Stock	rk done	12b KIND OF INDUSTRY	BUSINESS OR
13, od	o. u Imiss	SUAL RESIDENCE (Where deceases ion) STATE Md.	ed lived, if i 13b COL	institut on Res dence before INTY Frederick		TOWN 13d H	NSIDE CITY LIM TS7	Route 10	MBER		
14	. FA	THER'S NAME First James	Mi	ddle Last O Hoope		. MOTHER'S MAIDEN	NAME First		Viddle S	Stottle	
16	Sa. V Yes	NAS DECEASED EVER IN U.S. ARN s, ne of unknown) (If yes give w	NED FORCES? or an dates of sam	16b SOCIAL SECURITY None		rs. Ruth	М. Ноор	er-Route	ddress 10-Fr	rederic	21701 k-Md.
		PARY I DEATH WAS CAUSED IMMEDIA	TE CAUSE (o)	O, OR AS A CONSEQUENCE OF	horh						
	2	Conditions, if any, which gave tise to immediate cause (a), stating the underlying cause ast.  PART 2 OTHER SIGNIFICANT CON	DUE TO	O, OR AS A CONSEQUENCE OF	<u>carden</u>	THE TERM:NAL DISI	EASE OR CONDITIO	N GIVEN IN PART 3{0	))		
PTIEICATION	All I I	rise to immediate cause (a). Stating the underlying cause ast.  PART 2 OTHER SIGNIFICANT COM 90 DATE OF OPERATION 196	DUE TO	O, OR AS A CONSEQUENCE OF	NOT RELATED TO	20o. AUTOPSY?	NO 🔲	20b IF YES, WERE FI CAUSES OF DEATH?	NDINGS CO		ERTIFYING
EDYCAL CERTIFICATION	CCRIFFCAHOLI	rise to immediate cause (a), (a), (a), (a), (a), (b), (b), (c), (c), (c), (c), (c), (c), (c), (c	DUE TO  G  G  CONDITION FOR HOUR	O, OR AS A CONSEQUENCE OF STRIBLITING TO DEATH BUT IN OR WHICH OPERATION WAS PARE OF INJURY  A.M. Month Day Year P.M.	NOT RELATED TO ERFORMED  21c HO	200. AUTOPSY? YES  WINJURY OCCURRE	NO	20b IF YES, WERE FI	NDINGS CO		ERTIFYINĞ
MEDSICAL CERTIFICATION	TOTAL CENTRAL CONTROL OF THE CONTROL	PART 2 OTHER SIGNIFICANT CON  ODATE OF OPERATION 196  The ACCIDENT WAS UNDERCYING TO RECONTRIBUTING CAUSE OF DEAT  OF CONTRIBUTING CAUSE OF DEAT  OF CONTRIBUTING MEDICAL EXAMINATION COURRED  While Mat While 1  I work at work	DUE TO  (I)  CONDITION FOR CON	O, OR AS A CONSEQUENCE OF STRIBJTING TO DEATH BUT IN THE OF INJURY  A.M. Month Day Year P.M. (AT HOME FARM, STREET F.)  JURY (AT HOME FARM, STREET F.)	NOT RELATED TO ERFORMED  21c HO 9 COORY, 21f 10	20o. AUTOPSY? YES X W INJURY OCCURRE	NO	20b IF YES, WERE FI CAUSES OF DEATH?	NDINGS CO		ERTIFYING State
		PART 2 OTHER SIGNIFICANT CON  TO DATE OF OPERATION 196  TO A ACCIDENT WAS UNDERCYIN  OR CONTRIBUTING CAUSE OF DEAT  If either, natify medical examinated with the control of the control o	DUE TO  (I)  CONDITION FOR HOUR HOUR HOUR STOSPITAL LIVE OF IN	O, OR AS A CONSEQUENCE OF STRIBLITING TO DEATH BUT IN OR WHICH OPERATION WAS PROPERTY OF STRIBLE OF	NOT RELATED TO ERFORMED  21c HO (9 ACTORY.) 21f LO	200. AUTOPSY? YES  WINJURY OCCURRE  CATION Street or I	NO CONTROL	20b IF YES, WERE FI CAUSES OF DEATH? of injury in Port 1 of	Port 2, It	County	State (1) (we) fas
	2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PART 2 OTHER SIGNIFICANT CON  90 DATE OF OPERATION 196  10 ACCIDENT WAS UNDERCYIN  10 R CONTRIBUTING CAUSE OF DEAT  11 If either, natify medical examin  21 It work at work  22 a. I certify that (1) (this  saw the deceased at  causes stated above	DUE TO  (I)  CONDITION FOR HOUR HOUR HOUR STOSPITAL LIVE OF IN	O, OR AS A CONSEQUENCE OF  ATRIBUTING TO DEATH BUT I  OR WHICH OPERATION WAS P  THE OF INJURY  A.M. Month Day Year  P.M. JURY  (AT HOME, FARM, STREET F)  (OFFICE BUILDING, ETC.)	NOT RELATED TO ERFORMED  21c HO (9 ACTORY.) 21f LO	200. AUTOPSY? YES X  W INJURY OCCURRE  CATION Street or I  ATTENDING PHYS	NO (Enter nature  R.F.D. No.  19	20b IF YES, WERE FI CAUSES OF DEATH?  of injury in Port 1 or  City or Town  eoth occurred on  STAFF PHYS	Port 2, Ih	(ounty that the and hour of the signed of th	State (I) (we) lass and from the
	2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PART 2 OTHER SIGNIFICANT CON  TO DATE OF OPERATION 196  TO A ACCIDENT WAS UNDERLYIN  OR COMPRISHING CAUSE OF DEAT  If either, natify medical examinated with the control of	DUE TO  (I)  CONDITION FOR HOUR HOUR FOR HOUR HOUR HOUR HOUR HOUR HOUR HOUR HO	O, OR AS A CONSEQUENCE OF  ATRIBUTING TO DEATH BUT I  OR WHICH OPERATION WAS P  THE OF INJURY  A.M. Month Day Year  P.M. JURY  (AT HOME, FARM, STREET F)  (OFFICE BUILDING, ETC.)	NOT RELATED TO ERFORMED  21c HO 19 21f 10 19 19 19 19 19 19 21f do body after d	200. AUTOPSY? YES X  W INJURY OCCURRE  CATION Street or I  ATTENDING PHYS	NO (Enter nature  R.F.D. No.  19	20b IF YES, WERE FI CAUSES OF DEATH? of injury in Port 1 of City or Town	Port 2, Ih	(ounty that the and hour of the signed of th	State (I) (we) lost and from the

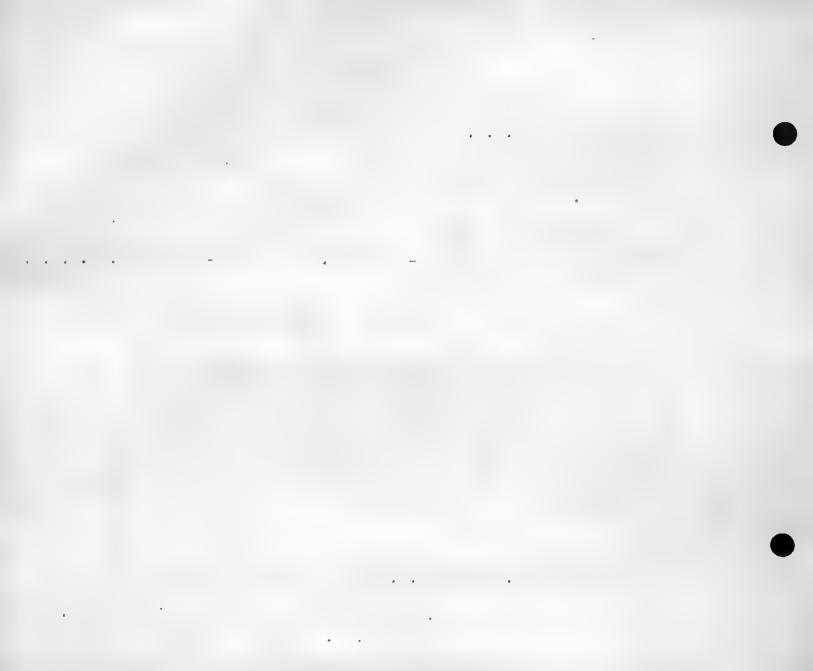


_ %	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
X	03881 CERTIFICATE OF DEATH 03874
£ _2 £	DECEASED-NAME First Middle Lost (AUF E) 20 DATE OF DEATH 25 HOUR
deoth deoth	(Type or print) John Russell Auss Manth Day Year 9 75 Am
# 1 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years Funder 1 year 1) Funder 24 Hrs
IAN: The low requires that the death certificate be executed methin 24 hours aft all or otherding physicion. It is a physic on and completely fulled in by the for use as the bur of-tronsit permit. Then please remove carbon papers. Pages Health prior to burial, cremation, or removal, and in any event, within 72 hours at	MONTHS DAYS HOURS MAN
hours in by rs. Pa	
in L	Gountry)
led n 77	O CITY OF POLICE OF THE POLICE
· 量 是 2種	
pletely carban ent, with	nountaineall - Carpenter Fort Hotench
P 2 5 5	3a SUAL RESIDENCE (Where deceased lived it institution. Residence before 13c CITY OR TOWN 3d ins DE CITY UNITS? 13e STREET AND NUMBER dimission) STATE 13b COUNTY 13b COUNTY 15c
2 585 1	manyane Dedicion Mounteender "
Ya Puland	4 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
din be	William Huff annie Markley
orie orie	66 WAS DECEASED EVER IN t. S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dottes of service)
hys vot,	578-03-5216 A Mrs Eleaner V. Huld Thursan PRI md.
9 <u>19 8</u>	12 FAINCE OF DEATH (Solve CO.
he death certifu otfending phys permit Then ion, or removal	PART I DEATH WAS CAUSED BY
de de erm	initiation ( Charles (a)
the of the other	Conditions If any, which gave
y # w	rise to immediate cause (a), (b)
A Property	stoling the underlying couse DUE 10, OR AS A CONSEQUENCE OF
ysie yne ynel rol	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute be retained by the hospital or attending physician.  DIRECTOR: After this certificate has been signed by the ottending physician and complete 3 should be detached for use as the bur of-transit permit. Then please remove ed with the State Dept. of Health prior to buriol, cremation, or removal, and in any expenses the property of the state Dept. of Health prior to buriol, cremation, or removal.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding the	
tender le lo	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 216 TIME OF INDIREY 2216 HOW INDIREY OF CHIPPED (Factor parking of INDIREY) Part 3 (1978) 183
# 5 # 8 # €X	1905 Prest s'e enlyments YES NO PU CAUSES OF DEATH?
AN: cato	
Pitch of figure	[(If either, notify medical examiner)   P.M.   19
hos hos pt.	21d INJURY OCCURRED While 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
by the hospitation that the postitude of the postitude of the certification of State Dept. of	at wark at wark
ING Se c tate	22a. I certify that (1) (this personal) attended the deceased from 3 / 2 19 ( S to 3 / 2C) 19 ( S that (1) (well as
ND Sed	saw the deceased glive an 3/2 196 and that in (my) (and applicant death accurred an the date and hour and from the
A TITE	causes stated above, (i) (and) (did) (did) (did) view the bady after death.
Writing N	22b. SIGNATURED ATTENDING MED STAFF 22c. DATE S GNED
DIR DE	DEGREE PHYS DIRECTOR LI PHYS LI 3 / 0/C4
TAI Po Po Fig.	22d PHYSICIAN'S NAME (Type) Rada H. H. H. 12-1/2 22e ADDRESS RIP CONTROL OF C
TO HOSPITAL OR ATTENDING PHYSICIAN: The low no Poge 4 may be retained by the hospital or otherding TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be distoched for use as the schould be filed with the State Dept. of Health prior to	1 4 1 gren 1000, Blag Frederick ma
HO Dge FUR FUR Hou	30 BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d (OGATION (CITY or Town) (County) (State)
24 27	Toursal 12/13/61 Chapes Clustery n. dibyturous, Fred 1710
VR AIS	4. FUNERAL DIRECTOR ADDRESS / 250 REC D BY REG STRAR 256 REGISTRAR SS GNATURE
45M (69)	J. C. Bartre, Walkersville, ned. 21793 MAR 13 1969



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03875 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME Eirst M.adie 20 DATE KNOWN MONTH (Type or Print) ESTI-ADAM James. ö DEATH MATED IF JHDER I YEAR IF LINDER 24 MRS 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 2c DATE PRONOLINCED DEAD 2d HOUR 7/15/1910 Yeor male negre 58 YRS 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH MARRIEDX NEVER MARRIED COUNTRY Maryland U.S.A. Frederick WIDOWED IT DIVORCED [ the State 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR along with INDUSTRY give street address) Petersville 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY , M TSP 13e STREET AND NUMBER odmission) STATE Ma 13b COUNTY Frederick PetersvilledX NO + folid 2 be executed within 24 hours ofter pencil/fin Item 14 FATHERS NAME IS MOTHER'S MAIDEN NAME Middle Charles Fannie Price James podes 16g WAS DÉCEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes no or unknown) 230-18-3084 Mrs. Julia James-Knexville, Md.R.F.D.I Fie APPROXIMATE INTERVAL ⊆ 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH 4 shauld be forwarded to the Chief Medical PART I DEATH WAS CAUSED BY CONCESTIVE pending IMMEDIATE CAUSE TO A DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 9 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 19o. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? please execute the certificate, YES TYL NO 🗔 þ 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M DICAL EXAMINER: VEHICLE M 81082 CAUSE OF DEATH 7955 PM 21f LOCATION Street or R F D No. City or Town 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, County Stote factory, affice building, etc.) HOWN FUNERAL DIRECTOR: Poge AT WORK AT WORK RTTE PETERS VILLE buriol, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry [ and in my apinian retoined Accident X Suicide 🗌 Hamicide \_\_\_\_ Undetermined manner death resulted from Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER funeral moy be O DEPUT DEPUTY MEDICAL EXAMINER Health J. Themas M.D. ADDRESS(Street, city, town, or county) NAME (Type) the 0 LΛ 23c NAME OF CEMETERY OR CREMATORY 230 BLRIAL, CREMATION 23d LOCATION (City or Town) (County) (Stole) 3/19/69 Md/ petersville St. Mary's Cometery Fred 25b REGISTRAR'S S.GNATURE 24 Funeral Director Funeral Home Brunswick, Md. 250 RECID BY REGISTRAR VR ATSME (5

MARYLAND STATE DEPARTMENT OF HEALTH



7	It	ems 18&22a Film 411 MAKYLAND STATE DEPARTMENT OF HEALTH 8-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		03883 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03	1876
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy (Type or Print)	Yeor 2b HOUR
3 3 T T S S S S T S S S S S S S S S S S		Deenne Carol Jenkins DEATH MATED 3 27	1969 D. M
75 75 75	3 5	DATE OF BIRTH TO AGE (In years F DATE REAK 19 JACKS 24 MKS 24 DATE PRONOUNCED DEAD last birthday) MONTHS DAYS HOURS MIN MONTHS DAYS	Yeor 2d HOUR
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ed w		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute dica with		PART I. DEATH WAS CAUSED BY Congestive heart failure	RELIMEEN CHIEF WHO DEWIH
exe end Me it pe		146/ DUE TO, OR AS A CONSEQUENCE OF	
d be Chie rans		Conditions, if only, which gove nse to immediate couse (a), (b) Acute bronchitis, pneumoccocal & S.Aureu	.5
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the to to to to the ir		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ICAL EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word "pending" in pencil in rem 18. Give Pag far. Page 4 shauld be farwarded to the Chief Medical Examiner (Office along with ed far your files.  CTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Staburial, cremation, ar removal, and in any event within 72 haurs after death.	z	THE PART TO THE PART TO	
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E - 2 0	₩.	210. EXTERNAL CALSE WAS PRIMARY OR CONTRIBUTING 21b TIME OF IN. URY Month, Doy, Year HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 10 HOUR A.M.	8.)
INER Be ce shau fales 3 sha atia	MEDICAL	CAUSE OF DEATH P M 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F.D. No City or Town Co	ounty Stote
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To DEPUTY DICAL EXAMINER:  necessary, please execute the cert the funeral directar. Page 4 shault 5 may be retained far your files.  to FUNERAL DIRECTOR: Page 3 shau Health prior ta burial, crematian.		22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry .	and in my apinton
olca lease ex directar. efained f DIRECTO		death resulted from. Natural causes 🗷 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 Undetermined manner	and in my apinon
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		Burial 3-29-1969 St. Peters Catholic Libertytown Fred.	Md
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JING PHYSICI by the haspirt ffer this certif be detached State Dept. of	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (	THOME FARM, STREET, FACTORY 21 LOCATION Street	et ar R.F.D. Na. City ar Tawn	County State
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thing the	MARYLAND STATE DEPARTMENT OF HEALTH	
COD CTATE	03888 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03881	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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Pages vith for	Maryland U.S.A. WIDOWED   Frederick  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120 JS.A. OCCUPATION (Kind of work done   120 KIND OF BUSINESS O	Md.
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Give I	Tiamsville  Bethesda Rd Rtl  Plumbers Helper  13c. OSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c City OR TOWN  13d. INSIDE CAT LIME 52  13d. STREET AND NUMBER	—
E K S S S	odmission) STATE 13b (DIINTY	
Office alan Jand 2 with	Md Frederick Tjameville PELXNO Bethesda Rd Rt 1  14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	=
d within 24 feets after death in pencil in Item 18. Give Pages 1 Examiner s Office along with form File pages 1 and 2 with the started in 72 hours after death.		
ncil in niner s niner s haurs	16b. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	_
withi penc xamir ile po	(Yes, no, or unknown) [if yes give wer or defines of service]	
d with in per Exan File		TL.
be executer "pending" nef Medical ansit permit.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE  BETWEEN ONSET AND DEATH	112
Mec Pe	492 X DUE TO, OR AS A CONSEQUENCE OF	_
be "pe nief ansit	(and thinks, if any, which gove) (b) COR #ULMONATE	
ord ord e Ct	stoling the underlying course DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed ne ward "pending" is to the Chief Medical burial-transit permit.	1 PULMONARY EMPHYSEMA	
3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ifica tring ardec	N N N N N N N N N N N N N N N N N N N	
wr. wr. brwc usec	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?	
INER: This certificate, writ shauld be farwar files. 3 shauld be used astian, at remaya	AEZ (C) NO	
ad be seen as a	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Port 2, Item 18)  PRIMARY OR CONTRIBUTING HOUR A.M.	
INER e cer shau files. 3 sha ation	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At name, form, street, 21f LOCATION Street or R FD Na (dy or Town County Sto	
the the 4 s wr f wr f	WHILE MOT WHILE foctory, office building, etc.)	)T@
DEPUTY DICAL EXAMINER: seessary, please execute the certile funeral director. Page 4 shavid may be retained far yaur files. FUNERAL DIRECTOR: Page 3 shave eafth prior to burial, cremation.	AT WORK AT WORK	
Exercise Property of the Prope	22a   certify that   taak charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my apir death resulted fram: Natural causes   Accident   Suicide   Hamicide   Undetermined manner	nian
ssory, please exteneral director.  by be retained in prior to bur		
ple reto	ACTUAL  CHIEF MEDICAL EXAMINER  22b DATE SIGNED  ACTUAL  SIGNATURE  22b DATE SIGNED  ACTUAL  ACTUAL  ACTUAL  CHIEF MEDICAL EXAMINER  22b DATE SIGNED  ACTUAL  CHIEF MEDICAL EXAMINER  22b DATE SIGNED  ACTUAL  CHIEF MEDICAL EXAMINER  22b DATE SIGNED  ACTUAL  CHIEF MEDICAL EXAMINER  ACTUAL  CHIEF MEDICAL EXAMINER  CHIEF	
	SIGNATURE ACTIVITY OF THE STATE	1
O DEPUTY necessary, the funera 5 may be 0 FUNERA Health pr	NAME (Type)	
TO DEPUTY necessary, the funers 5 may be TO FUNERA Health pr	23b. BUR.AL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
- 0	REMOVAL (Specify)  Removal (Specify)  Frederick Fred. Md	
(F)	24 FINDAL DIPCTOR 250 DECISION ADDRESS 250 DECISION 250 DECISION S CHARLIDS	
VR A15ME (51)	C.E. Hicks, 111 Frederick, Md DATE 1 1969 filmulas Configer	-

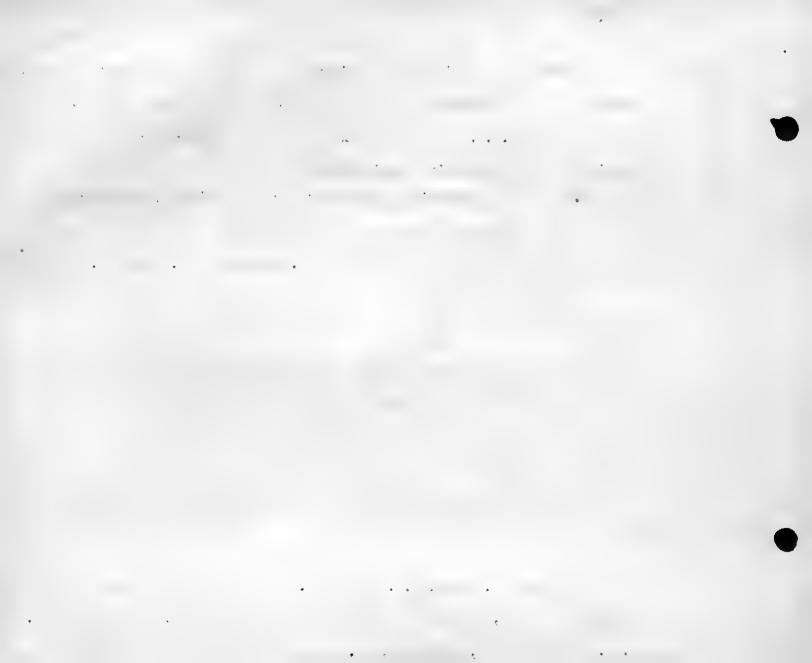
1 1			ND STATE DEPARTMENT OF 1 5, 301 W. PRESTON STREET, BALT		
'	03889	DIVISION OF WIRE RECORD.	CERTIFICATE OF DEATH	IMORE, MARTLAND 21201	03882
	DECEASED NAME First (Type or print)	M.ddle	Lost	2g. DATE OF DEATH Day	2b IBIOUTI
_	JOSEPI SEX		McABEE	March (	'T969 12:30
3	Male	4 RACE White	S DATE OF BIRTH March 6, 190	6 AGE (In years	MONTHS DAYS HOURS MIN
70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
(0)	Maryland	U. S. A.	WIDOWED DIVORCED	Frederick	Met
~,	CITY OR TOWN OF DEATH	11 NAME OF HOSP TAL OR I	NSTITUT ON (If not in hospitol 120 USU/ emorial Hospital ring R	L OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
	rederick  USUAL RESIDENCE (Where decense	d lived, if institution: Residence before	emorial nospital "No		
odr	m ssion) STATE Mary Land	135 COUNTY Frederick		Limekiln, Mar	yland
	FATHER S NAME First	Middle Lost	IS MOTHERS MA DEN NAME F	irst Middle	Last
L	Joseph		Abee Eliza		Funk
164	a WAS DECEASED EVER IN U.S. ARM Yes, no, oz unknown)   (II yes give wo Y.C.S	D FORCES? Tor dotes of service) 16b. SOCIAL SECURIT 217 05 1		n,326 Lindbergh A	rederick,Md. ve.
	18 CAUSE OF DEATH (Enter only	one cause per ine farila), (b), and (			APPROXIMATE NTERVAL BETWEEN OWNT AND DEATH
	PART 1. DEATH WAS CAUSED	BY. E (AUSE (a) Card	ice Jailure		12 hours
		DUE TO, OR AS A CONSEQUENCE O	DNA	<del></del>	1. (5)
	Conditions, if any, which gave and insert of immediate cause (a),	(b) (A)	Kulmorale		6 most)
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	Pulmonara Em	physine	10 yrs (+)
	PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEASE ORC	ONDITION GIVEN IN PART 1(a)	
S	10- DATE OF OREDAYION	DAIDITION CON THE COURT AND THE COURT			
CERTIFICAT ON	190. DATE OF OPERATION 196 (	DNDITION FOR WHICH OPERATION WAS F	PERFORMED 200 AUTOPSY?  YES NO NO	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
CERT				nature of injury in Part 1 or Part 2, It	tam 18.1
MEDICAL	or contributing cause of Death	HOUR A.M. Month Day Yea	7 19	thouse of injury at 1 of 1 of 1 of 2, if	10 )
ME	While Not while		ACTORY ) 21f LOCATION Street or R.F.D. No.	City or Yown	County State
	of walk of walk	hospital) attended the decea	sed from NOW . 19 (c	8 . 10 7 march 19	69 that (I) (we) last
	saw the deceased all	ve on 7 march	sed from Nav. , 19 6 19 6 L, and that in (my) (our) api	nion death occurred an the dot	te and hour and from the
	22b. SIGNATURE	(I) (we) (did) (did not) view the	a body after death	20. 0	PATE SIGNED
1	Charles Jx	Coulent m	DEGREE PHYS M	CTAPP	march 1969
	22d PHYS CIAN S	11 01 1 11	22e ADDRESS		
		H. Conley, Jr. M		et Street, Frederi	ck, Md,
230	BURIAL CREMATION, 23b. D. REMOVAL (Specify) Burial (Jar		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
24.	Burial Mar	an 10,1969 Freder	ick Memorial Hospit	Trederick fre	derick Md.
1	M. R. Etc.	nison & Son, Fred	erick, Marylands MAK	11 1969 /	To for



	ا ا	tem2a F	kk DIVISIO	N OF VIT	AL RECORDS	, 301 W	, PRESTO	N STREET	, BALTI	MORE, N	MARYL	AND 212	013-2	1=69	ans			
FOR STATE	-	3/20/69	N385	M O	EDICAL E	XAMI	NER'S C	ERTIFIC	ATE	OF DE	ATH				0	388	3	
HEALTH DEPT.		ECEASED NAME	Firs	1		Middle			Lost			Zo. DATE	(NOWN	Month	Doy		2b HOUR	
P. and 3 to P.M.3. Page pariment of	1	Type or Print)	Robe	ert	Hunter	· Mc	Afee					OF DEATH	ESTI- MATED	3	10	1969	M	
更品 智 (章)	3 9		4 RACE		OF BIRTH	6	AGE (In years	IF UNDER	1 YEAR DAYS	IF UNDER 2 HOURS	P4 HRS.		RONOUNCED		V		2d HOUR	
Man de		ale	white	-	12-1910		los Biorioy)					Month	4. 1	Doy O	Yeo	1969	M	
Jepan Phy	70	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF COUNTRY) Md. USA WIDOWED DIVORCED Fre																
for for							1	OWED _		SCED 🔲			deric		- Address of the		Md	
4 hours after death Sny Mem 18, Give Pages 1, 2, office along with form Ph. 1 and 2 with the State Departs after death	\$ []	city or town o Thurm			11 NAME OF P		R INSTITUTIO	N/(It not in	nospitol	qn.150 0	most of	working it	Kind of woi fe, even if r	rk done	INDUST B	o of Busil	8 <b>.5.W</b> 8.52 OK	
Give Sive th th	30		CE (Where deced	sed lived, if	institut on: Re:	sidence be	fore 13c CIT	OR TOWN	13d.	. INSIDE E TY LI	IM:15?	13e STREET	AND NUMI		1			
with death	C	dmission) STATI	Md.	13b CO.	JNTY 1			ntz		YES N	0 🗆			rural				
Hem I of the office of the off	£4.	FATHER'S NAME	First		Middle	Ł.	ost	15. MOTH	ERS MAID		First		Mid	die		Lost		
		Ru	ban Mc	Afee						Ross	a P	. Lev	is					
hin 24 noil in niner 6 pages 1	160	WAS DECEASED E	VER IN U.S. ARMED	FORCES?		CIAL SECURI		17 INFORMA					ADDRES	_				
with n pen Exam File p	_ `	res, no, or unkno	(170394	- HOI OI HOTES O	\$12.	- 14-	6570	Nora	Mc	Tee	ابل	antz,	, Md.					
Pin High		18. CAUSE OF	F DEATH (Enter of	nly one cous	e per line for (o	), (b) ond	(d) e con	macti	1	h = n = +	fo	17,120			BET	PPROX MATE I	MITERVAL MD DEATH	
executed nding" in Medical I permit. I permit. In within			IMMED	ATE CAUSE (	0]			gesti	.ve i	iteat.	. 14	TIUL	-		-			
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te should be e the word "per d ta the Chief ! a burial-transit ind in any ever	Ĺ	!—	SIGN!FICANT CON	NOS CON	(c) Tririting to d	FATH BUT	NOT RELATED	TO THE TER	MINAL DI	SEASE OR C	ONDITIO	N GIVEN IN	PART 1(a)		1			
EPUTY COICAL EXAMINER: This certificate should be executed within 24 standy, please execute the certificate, writing the word "pending" in pencil infunction of the control director. Page 4 should be farwarded to the Chief Medical Examiner by be ratained for your files.  INERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages ith prior to burial, crematian, or removal, and in any event within 72 hours	-	PART 2 VIIILR	JOHN COM	JIIIONS CON	TRIBUTINO TO C	204111	TOT KEDNIEG	TO THE TEN	mining pi	JENJE OK C	01101110	1 01161 111	I MICI I(V)					
writi war war sed	CERTIFICATION	19o. DATE OF (	PERATION				R WHICH OF	ERATION							20	. AUTOPSY	?	
far far far	EEE					AS PERFORA										YES 🗌	№ □	
INER: This certificate, writshould be farwar files. 3 should be used and or remova	E GR	210 EXTERNAL	CAUSE WAS OR CONTRIBUTING	216 1	TME OF INJURY A	Aonth, Doy	Yeor	2tc HOW IN	UURY OCC	CURRED (En	ter notu	e of injury	in Port 1 of	r Port 2, I	tem 18)			
cert cert cert coul des. shau rian	MEDICAL	CAUSE OF DEA	lk		P.M.		19								-			
the the standard and th	2	21d INJURY OC		PLACE OF IN octory, office	IJURY (At home, building, etc.)	form, stre	et,	21F LOCATIO	N Street o	or R.F.D. No		City o	r Town		Count	Ý	Store	
bical Examiner: se execute the cert scror. Page 4 should ned for your files. ECTOR: Page 3 shou a bujjal, cremation,		AT WORK					1			200								
ALE EXECUTE Part For TORE!		1	certify that I	~								pectian [	-	quiry [	-	nd in m	y apinian	
se of	1	death re	suited fram:	Natura	il couses	J. ACCI	ient [A],	Stricide					ermined i	manner				
Ty please e sral director e mained (AL DIRECTOR prior ta buy		ACTUAL	9 m	ul		118	41.			F MEDICAL		MINER	1	22b. DATE	SIGNED			
UTY, Jury, herd be be Pri		SIGNATURE _			717			M.		JTY MEDICA			1		MP	HR 6	9	
D DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be rationed for your D FUNERAL DIRECTOR: Page Health prior to bujud, crem		NAME (Type)	Rober	t J.	Thomas	S						wn, or coun	ry)					
TO DEPUT necessary the funer 5 may be TO FUNER!	230	BURIAL, CREMI	TION, 23t	DATE		23c NAME	OF CEMETER	OR CREMA	TORY	- ~	23d	LOCATION	(C ty or Tov	yn)	(County	(51	ote)	
		ur Thrushe	2 -	-12-6			hel M		dist				le ld				MG.	
VR ATSME (A OR	24	FUNERAL DIREC	TOR (5)	ar Ba	ymond	E. Al	opress C <b>rea</b>	er		250 RECT				GISTRAR S		RE Cantaga		
TOM REV 1/68	4	agme	1000	1		Thu	rmont	Md		DAMIN'I	TO	נסטו			2 Jr			
•	1	/	<b>c.</b>															



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partie.	200	It	em5 Filmall 4/	/2/69 kk			CATE OF		CE, MAKI	LAND ZIZ	0	3884	
- €	-24 /		ECEASED NAME First		Middle		Lasi	20.	DATE OF D				2b HOL <b>M m</b>
ded	and 2 deoth.	L	(ype or print) Sarah		Tiller	1	filler			Month 3	Day 22	Year 69	11:10
ter	A. A.	3 S	X	4. RACE		,	S DATE OF BI		6	AGE (In year		DER I YEAR F.	JHDER 24 HRS.
S of	<b>4</b>		female	cau	casion		10/10	6/72 1882		lost birthday)	YRS. 5	S DAYS HO	DURS MIN.
DO /	73 - 8 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	70 (00)	BIRTHPLACE (State or foreign http)	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MAR	RIED 9. CO	UNTY OF D	EATH			
24 1	pers. 72 h			U.S.A		WIDOWED		RCED 🔲		derick			Md.
certificate be executed within 24 hours after death	D FUNERAL DIRECTOR: After this certificate has been signed by the ottending chysicion and completely fulled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers, should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 h	1	TITY OR TOWN OF DEATH  Frederick	give:	AME OF HOSPITAL OR INS street address) ederick Nu:	MONTUTION (H a	Center	12a USUAL OCC during mast af	UPATION (X working lif	(ind af wark i e, even if reti	dane 12 red.) IN	b. KIND OF BUS DUSTRY	INESS OR
γ ρ	cart	13a	USUAL RESIDENCE (Where decease	id lived, it institut	ian. Residence befare	13c, CITY OR	TOWN	3d INSIDE CITY LAMITS?	13e STRE	ET AND NUMBI	ER		
in in	compliance of the complex of the com	Od m	issian) STATE MD.	)3b COUNTY	Frederick	Fred	lerick	YES 🙀 NO 🗀	104	North	Bentz	Street	t
exe	remo	14	FATHER S NAME First	Middle	Last	13	S. MOTHER'S MA	A DEN NAME First		Midd	dle		Last
p e	d in or		Beverly	Welfo	rd Brown			Margaret	V	irgini	.a	Walte	r
70	g physicion Then please mavol, and	160	WAS DECEASED EVER IN U.S. ARM (es, no, or unknown) (If yes give we	ED_FORCES?	166. SOCIAL SECURITY N		NFORMANT			Addr			Md.
(業)	ry ol		No.		219 54 069	3 OFW	lbur F	. Miller,	104	N. Ben	tz St	Frede	rick,
	e i		18 CAUSE OF DEATH (Enler only	y ane cause per hi	ne far (a), (b), and (c))							APPROXIMATE BETWEEN ONSET	WIFRYAL
60	ottending sermit. Ti on, ar ren		PART I DEATH WAS CAUSED IMMEDIA	BY IE CAUSE (o)	Menys	rei	nm	- Sh	ma	uh		14	in
9	officer per jon,		15/9		AS A CONSEQUENCE OF								
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£ 'e	trar crei		stating the underlying cause	DUE TO, OR A	AS A CONSEQUENCE OF								
ysid	signed by the burial-transit burial, cremati	ı	last.	(c)									
OR ATTENDING PHYSICIAN: The law requires that the deathy be retained by the hospital or attending physician.	n sig		PART 2 OTHER SIGNIFICANT CON	DITIONS <u>CONTRIBU</u>	TING TO DEATH BUT NO	T RELATED TO	) THE TERMINAL	L D SEASE ORCONDIT	ION GIVEN I	N PART I(g)			
ng je	s th ior 1	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WH	ICH OPERATION WAS PER	FORMED	20a, AUTOI	PSY?	205, IF YE	ES, WERE FINDI	NGS CONSID	RED IN CERTIF	FYING
The	hos se as	1 E					YES 🗀	№ [	CAUSES O	F DEATH?			
ž ö	edit	E E	210. ACCIDENT WAS UNDERLYING	216 TIME OF		21c H		URRED (Enter natur	e af injuty i	in Part 1 ar Pa	ort 2, Item 1	8)	
E.S	d for	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) HOUR A.M.	Manih Day Year								
HYSI hosp	cer iche ipt.	案	21d. INJURY OCCURRED 21e. I	PLACE OF INJURY	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC	ORY ) 21f, LO	CATION Street	t or R.F.D. No.	City or	Town	Cou	nty	Stote
ATTENDING PHYSICIAN:	this deto e De		at wark at wark										
P A	fter be o		22a. I certify that (I) (this saw the deceased all causes stated abave,	haspital) atte	ended the decease	d fram	3 1	, 19 65 ,	ta_3_	-2-2-	, 19 69	_, that (i)	(we) last
END	A: A		saw the deceased all	Ve on Void	Idid not view the b	\$2, on	d that in (my	y) (our) apinian-	death ac	curred on th	ne date ar	id hour and	I fram the
A Figure	or start		22b SIGNATURE	(if (we) (did)	(did not) view life b	ady uner	Jeum.				22c. DATE S		
% e e	G × 3		Thum 6	2 th	1.4	DEGR	ATTENDIN PHYS	G MED. DIRECTO		STAFF PHYS.		24,19	69
AL O	d beg		22d. PHYSIC AN S				22e. ADDI			11113 — ]			
TO HOSPITAL Poge 4 may b	TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. of Healt		NAME (Type) Th	omas E.	Stone, M.D		_ 4 W.	Third St	reet,	Freder	cick,	Maryla	nd
HO5	FUN	230	BURIAL, CREMATION, 23b. D		23c. NAME OF C	EMETERY OR	CREMATORY	23d	LOCATION	(City or Town)	Frede	unty) (S	State)
000	2 5 5	L		ch 24,19	69 Mount O		Cemete	ry Fr	ederi	ick,	Frede		Md.
	VR ATT DE	24	FUNERAL DIRECTOR	ule,	ADDRESS-		lea	MAR 2 6	Pappara	25b REGIST	RAR SAIGNA	Marga C	5
	45M - 189		M. R. Etchis	on & Son	, Frederic	k, Md.	•	MAR 2 6	1000	3		7 0	



		DIVISION OF VITAL RECORDS, 30			03885			
L	03892		CERTIFICATE OF DEATH					
ľ	DECEASED NAME First (Type or print) Lillie	Middle Elizabeth	lost Mullinix	20 DATE OF DEATH  March 900	1969 26 HOUR 1:p.			
3.	sex Female	4 RACE White	S. DATE OF BIRTH August 20,188	6 AGE (In years lest birthdoy) 7RS.	F UNDER 1 YEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN			
(0	BIRTHPLACE (State or foreign 7 unity)	b CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED 9	. COUNTY OF DEATH				
	Aaryland CITY OR TOWN OF DEATH  Frederick	U. S. A.  II NAME OF HOSPITAL OR INSTIT Lave street oddress; Frederick Nurs	WIDOWED TO DIVORCED 120 USUAL 120 USUAL 120 USUAL 120 USUAL 130 US	Frederick OCC.PATION (Kind of work done of working life, even if retired)	Md 12b, KIND OF BUSINESS OR INDUSTRY			
13. od		lived, if institution Residence before 13	c CITY OR TOWN 13a. INSIDE CTY L M. rederick YES NO	□ 920 N. Market	Street			
L		Middle Lost  Matthew Spaulding		s) Middle	Becraft			
16	o. WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown) [If yes give ward	or dotes of service) 220 LLL 8258		Address Kline, Frederick	Maryland			
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)	-317		APPROX.MATE INTERVAL BETWEEN OMSET AND DEATH			
CERTIFICATION	1 12 - +	TIONS CONTRIBUTING TO DEATH BUT NOT I		NDIT.ON GIVEN IN PART I(o)  20b IF YES, WERE FINDINGS COI CALSES OF DEATH?	NSIDERED IN CERTIFYING			
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner	21b. TIME OF INJURY   HOUR A.M.   Month Doy Year   P.M.   19     ACE OF INJURY   AT HOME FARM STREET, FACTORY   OFFICE BUILDING, ETC	21c. HOW INJURY OCCURRED (Enter r	Ofty or Town	ern 18.) County State			
	22a. I certify that (I) (this-	hospital) attended the deceased e an 10 19	from 19 6	· ·	·			
	22b. SIGNATURE QUE COMPANY S	tin Peaner	DEGREE ATTENDING DIR	ECTOR D STAFF D Ma	are Signed arch 11, 1969			
230	BURIA, CREMATION, 236 DAT	ch 12, 1969 Damascu	ETERY OF CREMATORY LS Meth. Cemetery	Ave, Frederick, M 23d LOCATION (City or Town) Damascus Montgo	(County) (State)			
24	FUNERAL DIRECTOR	on & Son, Frederick	ZSO. REC'D BY		GNATURE			



	1		DIVISION OF I		D STATE DEPAKT				
	I		$\frac{1}{20}$		ERTIFICATE OF		RE, MARYLAND 21201	03886	
death. neral and 2 death.		ECEASED-NAME First Type or print) David	E	Middle Mer <b>y</b>	Nelson	20	DATE OF DEATH Month 3 0	oy 14veor 693:35P.	
by the funeral Pages I and 2 nours after death.	3 5	male		nite	S. DATE OF	/189 <b>9</b>	AGE ( n years Property)	FUNDER LYEAR IF UNDER 24 HRS. MONTHS CAYS HOURS MIN	
the haur			75. CITIZEN OF WHA			OKCO -	UNITY OF DEATH. Prodorick	Md	
filled Sangard	K	TY OR TOWN OF DEATH  NOXVILLO			TTUI ON (If not in haspital  idence	1	PATION (Kind of work done of moline, State of work done	126 KIND OF BUSINESS OR	
ample win	13a odm	USUAL RESIDENCE (Where decease ssion) STAMARYLAND	13b COUNTY [7]	n Residence before rederick	Knexvill	13d. INS DE CITY , IMITS? YES NO NO	13e STREET AND NUMBER		
be exe	14.	ATHER'S NAME First  James	Middle Emery	Nelsen	15. MOTHER'S	MAIDEN NAME First	ah Middle	Helmes last	
ifficate hysic ar n pleas val, and	160	WAS DECEASED EVER IN U.S. ARM es, na granknawn) (If yes give wo		66 SOCIAL SECURITY NO 5-05-79		rtha E.	Nelsen, Knex	ville, Md.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample of filled to by the funeral directar, page 3 should be detached for use as the bunal-transit permit. Then please remove carban and the state Dept. af Health priar ta bunal, cremation, or remayal, and in any event within Physics after death		18. CAUSE OF DEATH (Enter only PART DEATH WAS CAUSED IMMEDIA)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 1 hour						
that the ran.  by the transit crematic		Conditions, if any, which gave prise to immediate cause (a) stating the underlying cause lost	DUE TO, OR AS	A CONSEQUENCE OF	e Heart Fa	ailure		1 year	
requires ng physic in signer le bunal ta bunal	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, cre-	CERTIFICATION			OPERATION WAS PER	YES [	NO X	206 IF YES, WERE FINDINGS CAUSES OF DEATH?		
SICIAN: spital a prificate ed far a	MFDICAL CI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examination)	HOUR A.M P.M.	Month Day Year			e of injury in Part 1 or Port 2	, Item 18)	
G PHY the ha r this cr detach	2	While Not while			ORY.) 21f. LOCATION Str		City or Town	County State	
TENDIN ined by OR: After auld be auld be		22a. I certify that (!) (Research all saw the deceased all causes stated abave.	ve an(I) (we)(did)(d	ded the decease Mar • 14 19 (d.not) view the b	d fram 005. 7 69, and that in (i ady after death.		death accurred on the d	9 69 , that (I) (We) last late and have and from the	
L OR Al be reto DIRECT ge 3 sh iled with		22b. SIGNATURE		an	MOTORE ATTENE	DIRECTO	, III 52	DATE SIGNED 15,1969	
OSPITAL NERAL Ctar, pa	20	22d PHYS CIAN S NAME (Type) C T		Kao,M.D	•	Bruner	oring Hollowick, Maryl	end	
TO HA	23a		18/69		emetery or crematory y's Comot	-	10(ATION (City or Town)	(County) (State)	
VR A1 1 69	24.	fineral director Footo Funera	1 Home-	Brunsw	ick, Nd.	DALES 1 8		S SIGNATURE	



1	1			301 W. PRESTON STREET, BALTIF		
		03894		CERTIFICATE OF DEATH	0	3887
in by the functor	(	ECEASED NAME First Type or print) <b>EARL</b>	CHARLES M ddle	NUSE Last	2a. DATE OF DEATH Manth 3 Day	5 Year 69 26 HOUR
ages 1 is after	3 51	male	4 RACE white	I/II/92	6. AGE (In years birthday) YRS.	F JMDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
pefs. 72 hoü	1	Maryland	U.S.A.	WIDOWED DIVORCED	COUNTY OF DEATH Frederick	Md
within	Fr	or town of Death	9 Prodespial or INS		OCCUPATION (Kind of work done briking kecken free Rd.)	126 KIND OF BUSINESS OR INDUSTRY
event,	13a adm	usual RESIDENCE (Where deceased ssian) SIAMaryland	lived, if institution. Residence before 13b COUNTY Frederical	TYNOXATTTE AEZ NOT	R.R.I	
- 4	14 1	Jacob	M ddle Last Nuse	15 MOTHER'S MAIDEN NAME FIN	st V <sup>Mradle</sup>	Ayers
5	16a.	WAS DECEASED EVER IN U.S. ARMEC es, na, armicown) (If yes give war	FORCES? 16b SOCIAL SECURITY 705-10-2	2739 Bettie J.Mie	igett-Knexvill	e,Md.
should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death		PART I DEATH WAS CAUSED E  IMMEDIATE  Candinans, if any, which gave tise to immediate cause (a).  Stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  THE TOP OR AS A CONSEQUENCE OF	Donce	NDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN OWSE AND DEATH ( U.S
-	CERTIFICATION		NDITION FOR WHICH OPERATION WAS PEI	YES NO	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner 21d INJURY OCCURRED 21e PL	21b. TIME OF INJURY HOUR A M Month Day Year P.M 19 ACE OF INJURY (AT HOME FARM, STREET FAC	21c HOW INJURY OCCURRED (Enter i		· ·
		While Nat while at wark		od from, 1963 969, and that in (my) (aur) apin	(ity or Town 5 , ta 5 mouth , 196	County State  59 , that (I) (we) last
, , ,		causes stated abave, ( 22b SIGNATURE	l) (we) (did) ( <del>did not</del> ) view the l	bady after death.	22c De	ATE SIGNED
De filed		22d PHYSICIAN'S NAME (Type) CHARL	ES H. CONLEY,	TR 22e. ADDRESS REDE	ECTOR LI PHYS LI 3/1	12aul 1969
200	23a	BUDAL (REMATION 235 DAY REMOVAL (Secury)	3/69 Park		23d LOCATION (City or Town) Brunswick	(Caunty) (State) Fred. Md.
500	24. F	funeral director	Home Brunswic	k, Ma. 25a ARY	REGISTRAP 256 REGISTRAR'S S	GNATURE Con Concession

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the state of the s		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		03895 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 D	THE PROPERTY CERTIFICATE OF DEATH
	(1	lype or Print) OF ESTI- O CONTROL OF ESTI-
ay is	3. SE	
ny delay is 2, and 3 to PM3. Poge		Walls House Oct 20 1876 lost brinday) MONTES DAYS HOURS MIN. Months Day Co.
Pr. Pr.	1	BIRTHPLACE (State or foreign 7b C.Tizen OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
—` <b>€</b> / 👸	coun	try)
to to the total	10. C	New Jersey U.S.A. WIDOWED   DIVORCED   Treater Lock Md  ITY OR TOWN OF DEATH   11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120 USUAL OCCUPATION (Kind of work done   12b KIND OF BUSINESS OR
ofter deoth 8 Give Poges along with the Stote	B	rederick gvesteel address! Ave. during most of working ife, even if retired.   NOUSTRY   Retired Minister
ter Give ang th th	_	USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c (17) OR TOWN 13d MISIOE CIT LIMITS? 13e. STREET AND NUMBER
s ofter 18 Gin a along 2 with a	O.C	dm.ss on) STATE Md. 13b. COUNTY Frederick Frederick   YES & NO   1301 Motter Ave.
hours ofter deoth from 18 Give Poges 1, 2 Office along with form 1 and 2 with the State of ter deoth.	14. F.	ATHER S NAME First Middle Lost IS. MOTHER S MAIDEN NAME First Middle East
# do - 0		John W. Osmun Emma Cook
numer's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS
I with n pen Exotoli	(1	es, no, or unknown) (fives give word or dates of service) 212–38–8622 Mrs. Sarah E. White Osmun— Same as 13e
should be executed wire word 'pending' in perion of the Chief Medical Exotorial exotorial transit permit. File in ony event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) }
xecuted nding' r Medico!   permit.		PART I. DEATH WAS CAUSED BY HOUTE CONCESTIVE HEAST FULLY Z
exe endi Me t pe		DUE TO, OR AS A CONSEQUENCE OF
be principal pri		Conditions, if only, which gove (b) (b) MYOCAR DIAL LAFARCYTON
uld ord ony		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
This certificate should be executed within 24- icate, writing the word 'pending' in pencyl in be forwarded to the Chief Medical Exoximer's Jobe used as a burial-transit permit. File pages to removal, and in any event within 72 hours and the contractions.		10 ArTerioscleratic CAPCIOUASCUAR PROPOSE
ote s g the ed ta ed ta ond		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
iffico iting ardec ardec ardec	NO	
wr wr Jrwe	CATIC	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 20 AUTOPSY?  WAS PERFORMED?
XAMINER: This certific te the certificate, writing 4 should be forward your files.  cremation, or removal,	CERTIFICATION	AES NO [No.
#= 7 = 7	AL CI	210. EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)  PRIMARY OR CONTRIBUTING 1 HOUR A.M.
INER: e certifi should files. 3 should ation, c	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f COCATION Street or R.F.D. No. City or Town County State
the the 4 s ur f ur f ge 3	~	WHILE NOT WHILE foctory, office building, etc }
cessary, please execute the cert is functed director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should bring prior to buriol, cremation,		AT WORK AT WORK
ICAL E) a execut tor. Pag ed for ) CTOR: P buriol,		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
director.		death resulted from Natural couses V. Accident . Suicide . Homicide . Undetermined manner
de d	П	CHIEF MEDICAL EXAMINER 220 DATE SIGNED
EPUTY ssary, ple funeral di my be rett py be rett py be rett py prior	14.	MIGHATURE AND THE STATE OF THE
and Se 支養を入り	EV	NAME (Type) Robert Thomas, M.D. ADDRESS(Street, cty town, or county)
OA BUOK	.230	BURIAL CREMATION, 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
OBENIT PROPERTY		Burial Mar.22-1969 Mt. Olivet Cemetery Frederick- Frederick- Md.
812-610,		FUNERA DIRECTOR & SUCCOS TO ADDRESS Whitmore 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
TEDE VR A15ME (5)		M.R. Etchison & Son Frederick, Md. 21701 DANMAR 2 4 1969 October Caroline
L'A	1	



FOR STATE	03896 DIVISION	MEDICAL EXAMINER'	STON STREET, BALTIMORE, MA S CERTIFICATE OF DEA		39
HEALTH DEPT.	1. DECEASED NAME First	Middle	Last		Day Year 2b HOUR
5 6 6 F	(Type or Print) Roger	L.	Roles	OF CCTI	29 19672:15
ment see	Male white	3/14/1948 6. AGE (1)			Year 19/43 2d HOUR
hin 24 hours after death any control of the state of the state Depart haurs ofter death	country) W. Va.	U.S.A.		COUNTY OF DEATH Frederick	Mo
after deoth 3. Give Poges along with fo with the State	o city, or town of death Frederick		. Hosp.	of of working life, even if retired.)	26 KIND OF BUSINESS OR NOUSTRY Building
os after deoth 18. Give Pog ce along with 12 with the Sta r death		d Lyed, if institut on, Residence before 13c		2005 1	venue
Them Officer officer	14 FATHER S NAME First	Middle Last		irst Middle	Last
1 2 E 3 E 5 E	John	Earl Roles	Ruby		Parker
	(Yes, na, ar unknown) (If yes give we Yes	166 SOCIAL SECURITY NO Troy dates of service) 51-663-428	John E. Roles	ADDRESS S <mark>ame as i</mark>	tem #13e.
should be executed with word "pending" in period the Chief Medicol Exonutiol-transit permit. File in ony event within 72				÷	APPROX MATE INTERVA, BETWEEN ONSET AND GEATH
rould be executed word "pending" ir the Chief Medicol Friol-transit permit. I riol-transit permit. I ony event within	PART I. DEATH WAS CAUSED	one cause per ene for (a), (b), and (c)) BY: E CAUSE (a)	ATED BRA.	/N	BETWEEN UNSET AND UEATH
be executive medical medical medical medical medical medical misit permanent metal m	19.9	DUE TO, OR AS A CONSEQUENCE OF			
be "pe inef	Conditions, if any, which gove a rise to immediate cause (a),	(b) CRUSHA	ED SKULL		immediate
should be e ne word "per io the Chief I buriol-transit I in ony even	stating the underlying cause (a),	DUE TO, OR AS A CONSEQUENCE OF		,	
sho e w th th in c	last	(c)			
ficate ing th ded 1 os a 1, and		IONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR CON	OTTION GIVEN IN PART 1(0)	
erti writ wal	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION		20. AUTOPSY?
is c for	E I	WAS PERFORMED?			YES NO TO
# _ P 0	19g. DATE OF OPERATION  21g. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING [	21b TIME OF INJURY Manth, Day, Year HOUR A.M.	21c. HOW INJURY OCCURRED (Enter	nature of moury in Part 1 or Part 2, Item	m 18.)
B ost 単名 b l	21d INJURY OCCURRED 216 PL	ACE OF INJURY (At home, form, street,	21f LOCATION Street or R.F.D. No.	City or Town	County State
XAM tre th ge 4 your Your Poge crem	AT WORK AT WORK	ory, office, byilding, etc.)	MT Air	LY CAR	al mo
rcal E to rect for Pa for CTOR:	22a. I certify that I too	ak charge of the remains described o		Inspection , Inquiry	and in my apinian
SIC.	death resulted fram	Natural causes, Accident D	🗓, Suicide 🔲, Hamicide [	Undetermined manner	
ITY Diese ry, please erol directo be retoine RAL DIREC	1/2/25	# 057.	CHIEF MEDICAL EXA	MINER	
YY. Period	SIGNATURE GOLL	1 XD Minel	M.D ASSISTANT MEDICAL	N-1	IGNED
SSOF SSOF SSOF SSOF SSOF SSOF SSOF SSOF	EXAMINER'S		DEPUTY MEDICAL E)		27-64
TO DEPUTY DICK  necessory, please e the funerol director 5 may be retained TO FUNERAL DIRECT  Health (prior to bu	NAME (Type) Robert		ADDRESS(Street, cit		1
10 10 10 10 10 10 10 10 10 10 10 10 10 1	230 BUR AL (REMATION, Burremayal (Specify) 4/2,			Baltimore, Mar	yland (Stote)
7	24 FUNERA DIRECTOR Fun	eral Home 1331 Ro	250 RECTO BY	4.44	
VR A15ME (5) 10M REV 1.68	Apout userer au	eral nome 1991	DATE APR	7 1969 JChan	las Judge

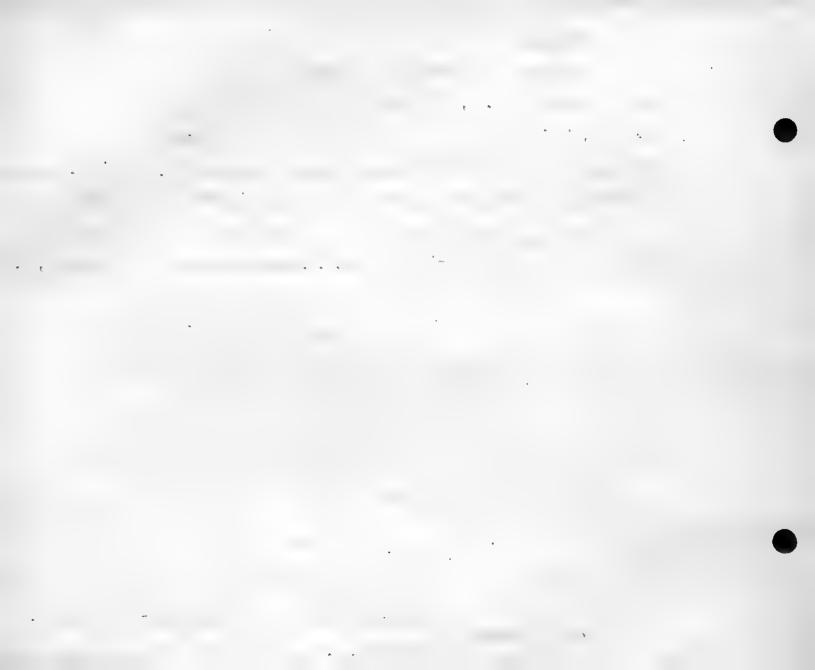
MARYLAND STATE DEPARTMENT OF HEALTH



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		03897 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03890
HEALTH DEPT.	1 [	ECEASED NAME First Middle Lost 20 DATE KNOWN 77 Month	Doy Year 2b HOUR
oy is 3 to Poge ent of	1	Type or Print)  Arie Rebecca Routzahn  OF ESTI- DEATH MATED   DEATH MATED   3	13 1969 1000
del m	3 5		Year 1967 // 0 M
-50		BIRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   1 Production   1	Md
offer death  8. Give Pages 1, olong with form with the State Death.		Frederick  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospita)  12. USUAL OCCUPATION (Kind of work done give street address)  12. USUAL OCCUPATION (Kind of work done Hospital)  12. USUAL OCCUPATION (Kind of work done Hospital)	126 KIND OF BUSINESS OR INDUSTRY Own Home
rs offer 18. Giv e olong 2 with death.		US.A. RESIDENCE (Where deceased I ved, if institut an Residence before decision) STATE Md. 13b. COUNTY Frederick Frederick   Frederick   13c. CITY OR TOWN   13d. USBIGE CITY LIMITS?   13e. STREET AND NUMBER   13b. COUNTY Frederick   Frederick   13c. CITY OR TOWN   13d. USBIGE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. USBIGE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. USBIGE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. USBIGE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. USBIGE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. USBIGE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. USBIGE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN   13d. USBIGE CITY LIMITS?   13e. STREET AND NUMBER   13d. USBIGE CITY LIMITS?   13d. USBIGE CITY LIMIT	
hours Item 1 Office Office	14	ATHER'S NAME First Middle Last IS MOTHER'S MA DEN NAME First Middle	Last
2 6 8 8 8		Charles Henry Routzahn Phebe	Cramer
with pen cami	160	WAS DECEASED EVER IN U.S. ARMED FORCES?  [65, 90 of unknown] [11 yes give war or dotes of service]   166. SOCIAL SECURITY NO   17 INFORMANT   ADDRESS   Harry C. Routzahn—Route 10—Frede	
		18. CAUSE OF DEATH (Enter anly one couse per line for (o), (b) and (c))  PART I DEATH WAS CAUSED BY  JAMADIATE CAUSE (a), ACUTA CAUSED HAVE  MANAGEDIATE CAUSE (a), ACUTA CAUSED HAVE  MANAGEDIATE CAUSE (a), ACUTA CAUSED HAVE  MANAGEDIATE CAUSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ruld be ex rord "pend ne Chief Mi al-transit p		Conditions, if any, which gave isse to immediate couse (o), stating the underlying couse ast.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	me
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	196. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO PE
of the Personal Perso	MEDICAL CERT	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M.  P.M. 19  21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, International Contributions)  21d HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, International Contributions)	iem 18)
KAMIN te the ge 4 sh your fill rage 3 s cremat	ME	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK AT WORK  21e PLACE OF INJURY (At hame, farm, street, at work at w	County State
ICAL EXPECTOR. Page and for CTOR: Purial,		22a   certify that I taak charge of the remains described above, held an Autopsy, Inspection [2]. Inquiry	], and in my apinian
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
- \ 0 = 'E\ '		ACTUAL SIGNATURE OBERT AD COCCES M.D. ASS STANT MEDICAL EXAMINER 226. DATE	SIGNED 49
		EXAMINER'S  NAME (Type) R. J. Thomas. M. D. ADDRESS(Street, city, town, or county)	-13-0
o DEP( necessa the fun S may O FUNE Health	230	NAME (Type) R. J. Thomas, M. D. ADDRESS(Street, city, town, or county)  BURIAL, CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION (City or Town)	(County) (State)
(	200	Burial Mar. 15-1969 Mt. Olivet Cemetery Frederick- Frederick	,
VR A15ME (5)	24	F.J. Frederick, Md. 21701. DATE WAR 1 1 1969 25b RECOURAGE.	



1 1	Ite	6 FilmGLI MARYLAND	STATE DEPARTMENT OF HEALTH OF W. PRESTON STREET, BALTIMORE, MARYLAND 21:	201
FOR STATE	4/	2/69 kk DIVISION OF VITAL RECORDS, SE	MINER'S CERTIFICATE OF DEATH	03891
HEALTH DEPT.	1 D			KNDWN Month Day Year 2b, HOUR
~ 5 8 %	(1	e or Print) Clarence Pres	OF DE	ESTI- MATED 3 24 19/9 10 M
Am A to	3 S	4 RACE 5 DATE OF BIRTH	6. AGE ( n years H LNDER I YEAR I IF UNDER 24 HRS 2c. DATE F	PRONOUNCED DEAD 2d HOUR
and del	1	ale White Sept. 15, 1921		3 Doy 24 Year 1969 12 M
E 110 E	70	THPLACE (State or foreign, 76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9 COUNTY OF DE	
23/3/	Ви	ker All, W UDA	WIDOWED DIVORCED Grede	
offer death  8 Give Pages 1, along with fage with the Stote D. leoth	10 (		ITAL OR INSTITUTION (If not in hospital during most of working)	ife, even if retired.) INDUSTRY
ag w		tederick Grederick SUAL RES DENCE (Where deceased lived, Finstitution Residen	l'lemorial Hospital Warehouse	Max.   Bldg Supplies
s offer 18 Gi		sage) STATE 13b COUNTY Trederick	Grederick YES NO & Route	
haurs ofter death Item 18 Give Pag Office along with 1 ond 2 with the Sta	_	HER'S NAME First Middle	Lost IS MOTHER'S MAIDEN NAME First	Middle Last
		John Albert Sa	empsell Lottie Mae	Bowers
hun 24 nor in pages hours		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL S	ECURITY NO. 17, INFORMANT	ADDRESS
	(1	po, or unknown) (If yes give war or dates of service) 217-1	2-2724 Mrs. C.P. Sampsell R #8	Box 122 Grederick, Md.
ing" in pe dicol Ekor ermit. File within 72		B. CAUSE OF DEATH (Enter only one couse per line for o), (b	), gnd (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" ir iief Medicol I insit permit. event within		PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	To Consortine Heart This	ere.
ex f Mo f Mo f mo f mo f mo f mo f mo f mo f mo f m		onditions, if ony, which gove	DUENCE OF U	what Marzinez
d be d "f Chie frans		ise to immediate couse (a)	MILLION STRUCKET GAMES THE	LOUIN MEDILLORS
INER: This certificate should be executed a certificate, writing the word "pending" in should be forwarded to the Chief Medicol Effies 3 should be used as a buriol-transit permit. For otion, or removal, and in ony event within		toting the underlying couse DUE TO, OR AS A CONSECURITY	ADENCE OF	
the state of the date of the d		(c)	BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART Y(c)
This certificate icate, writing the be forwarded to do be used as a bor removal, and		ilista	, 500 112 112 112 112 112 112 112 112 112 1	11.00
writ writ rwar	CERTIFICATION		ON FOR WHICH OPERATION	20. AUTOPSY?
This certicate, writh be forward be used in remova	FIE		RFORMED?	YES NO. NO.
d bullet		To. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month PRIMARY OR CONTRIBUTING HOUR A.M	p, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury	in Port 1 or Port 2, (tem 18.)
INER: The certification of the	MEDICAL	(AUSE OF DEATH P M  Id INJURY OCCURRED 21e, PLACE OF INJURY (At home, form	19 21f. LOCATION Street or R.F.D. No City.	or Town County State
₹ + + = E	2	WHILE NOT WHILE at WORK AT WORK	n, street, Ztr. LOCATION Street of K.P.D. NO City	or rown conflict 21016
			described abave, held an Autapsy , Inspection )	Inquiry , and in my apinion
E X 2 4 9 E				rermined manner
bica bleose es director. etoined DIRECTO or to buy		(1) o o cot	CHIEF MEDICAL EXAMINER	on more manner
	2 5	ACTUAL SHOET WINDLE	ALD ASSISTANT MEDICA. EXAMINER	22b DATE SIGNED
Sary, unerol unerol vy be r	5 1/2	EXMelusers	DEPUTY MED CAL EXAMINER 🔀	3 24.67
TO DEPUI	-	NAME (Type) Robert VJ. Thom	as, M.D. ADDRESS(Street, city, town, or cour	
5 STANCE	230	(viceds) IAVOM38	NAME OF CEMETERY OR CREMATORY 23d LOCATION	
ROBELOTY ".V.	74	Surial 3/27/69 A	Rest Haven Cemetery Hagen ADDRESS 1250 RECD BY REGISTRAR	stown-Washington-Md.
812 VR ATSME IS	1	W.C. 14001	docentours Md DATEMAR 2 8 19	1



1		1	00000			: DEPAKIMENI UF PRESTON STREET RAI	TIMORE, MARYLAND 21201	
			03899			CATE OF DEATH		03892
# 55#			CEASED NAME First	Midd		Last	20 DATE OF DEATH	2b HOUR
urs after death			Car	men Marga	ret Si	npson	March 5	or 69 Year 11:30 M
after offer offer		3. SE	Female	4 RACE White		S. DATE OF BIRTH May 9-1898	6 AGE (In years last birthday) 70 YRS	ADDITHS DAYS HOURS AND
a su la su l		70 B		The CITIZEN OF WHAT COUNTRY?	18		9. COUNTY OF DEATH	
4 haurr		coun	Md.	U.S.A.	WIDOWED	NEVER MARRIED DIVORCED	Frederick	61.5
Filled Files		1D. C	TY OR TOWN OF DEATH	11 NAME OF HOSPIT	ALOR INSTITUTION (IF	not in hospital 126 HS	UA. OCCUPAT ON (Kind of work done	12b KIND OF BUSINESS OR
with with ban	E yes		Frederick	give street oddress)	k Mem. H	ospital den Ho	mast of werking afe, even if retired onemaker	INDUSTRY
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 should be detached far use as the burial transit permit. The please remove carbon pages 1 and should be filled with the State Dept of Health print to burial, cremation, are movel, and in any event, within 72 mours often death	10	130 admi:	USUAL RESIDENCE (Where deceased sisten) STATE Md.	lived, if nstitution, Residence 13b. COUNTY Freder:	before 13c. CITY O	R TOWN 136 INSIDE CITY	13e STREET AND NUMBER NO 244 W. 5th.	St.
md c		14 E	ATHER S NAME First	Middle	Last	S. MOTHER S MA DEN NAME	First Middle	Last
nd i		16	Not WAS DECEASED EVER IN U.S. ARME	available	C (0171/10)	H.CO.O.L.		Klipp
physical property of the physical physi		Y	es, no, or unknown) (If yes give war	or dates of service) 219–5	4-1046 C	INFORMANT has. W. Simps	Frederick Address son-Jr202 Rockw	ell Terrace-
he death certific attending physical permit Then you			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED MMEDIATE	one cause per one for (a), (b),	and (c).)	- K-1-1A-	no Cally	APPROXIMATE INTERVAL  OF TWEEN ONSET AND DEATH
dea trenc rrmit n, ar		Ш	) IMMEDIATI			E AETY	RT PAILVE	
at the at the a sait permanation		П	Canditians, if any, which gave trise to immediate cause (a),	(b) CCCN		T. MYOCA	ROIGL INF	MRCT
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equit phy sign burii			PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED	TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	
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The Jatter after has I	- /	CERTIFICATION	170. DATE OF OTERATION	INDITION FOR WHICH OFERALION	WAS PERFORMED	YES NO	CAUSES OF DEATH?	CONSIDERED IN CERTIFISING
are are sailt ealt	,		210. ACCIDENT WAS UNDERLYING	236 TIME OF INJURY	21c. 1		ter noture of injury in Port 1 or Part 2	, Item 18.)
Portol Portol af H		e L	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Dav P.M.	19			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law named and proper a may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health priar to			at work at work	LACE OF INJURY (AT HOME, FARM, OFFICE BUILDING				Caunty State
by I ffer be o		П	22a. I certify that (1) (this	hospital) attended the	leceased from	000, 19	ると、ta_3 4 A C., 1 Dinion death occurred on the c	9 <u>67</u> , that (1) (we) last
TEN Inned		П	causes stated above,	(i) (we) (did) (did not) vie	w the body after	death.	oinion death occurred on the c	late and haur and tram the
E SP			22b. SIGNATURE	ICNI		ATTENDING		. DATE SIGNED
be Dis		Н	O.eng	( ) mull	A.D. DEG		MED STAFF DIRECTOR PHYS.	3 MAR 69
TO HOSPITAL Poge 4 may TO FUNERAL E director, pag	1		22d. PHYSICIAN'S NAME (Type) Geor	ge I. Smith,	Jr.	804 Toll H	House AveFreder	ick, Md.21701
HO age FULL		230	BUR AL CREMATION, 23b DA REMOVAL (Specify) BUT 181  Mar		AME OF CEMETERY OF		23d LOCATION (City or Town)	(Caunty) (State)
5- 5- 4	0.0			6-1969 Mt	DDRESS Whit	Cemetery	Frederick Fred  BY REGISTRAR 25b REGISTRAR	
VR A15 45M 1	MA	M	uneral director Eliver.R.Etchison & S	on Freder	ick, Md.2		AR 1 0 1969 gcl	orles Judge.



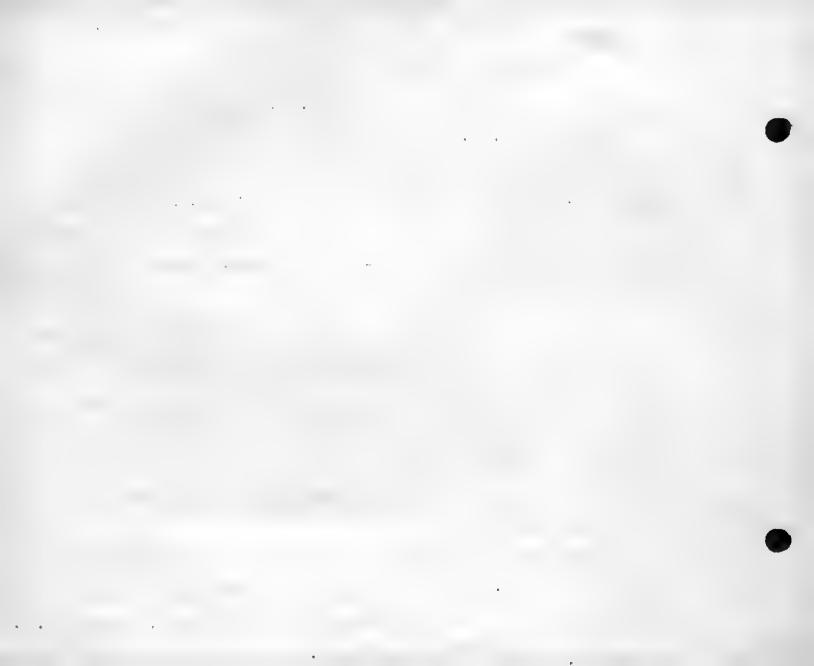
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4	03900		. 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IIMOKE, MAKYLAND 21201	02000
2 102	1 DECEASED-NAME First	Middle	lost	20. DATE OF OFATH	03893
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E - 4	3. SEX	4 RACE	5. DATE OF BIRTH	/ 6 AGE (In years	F UNDER I YEAR OF UNDER 24 HRS.
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by by	7o. BiRTHPLACE (State or foreign country)	76 CIT ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIEO	9 COUNTY OF DEATH	
ed ir	Pennsylvania	U.S.	WIDOWED DIVORCED	Frederick	Mď
executed/within 24 hours of and completely filled in by the remove corban papers. Page nony event, within 72 haurs at	10 CITY OR TOWN OF DEATH  Frederick	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospita 120 USU during Center	AL OCCUPATION (Kind of work dane north of working life, even if refired )	12b KIND OF BUSINESS OR INDUSTRY
at orbin w	130 USUAL RES DENCE (Where decease	and bread of restaution Decidence but-	13c CLLY OR TOWN 13d. INSIDE CITY		dwir trome
executed on complete corrections on event.	admission) STATE Maryland		Midaletown YES N	Route #	1
and in on	14 FATHER'S NAME First Ethan	Middle last Alan Angle	15 MOTHER'S MAIDEN NAME Pe	arl Household	er Angle
PHYSICIAN: The low requires that the death certificate be executed for otherding physician. The certificate has been signed by the attending physician and contracted for use as the burnal-transit permit. Then please remo			NO 17 INFORMANT	Address	
phy phy nen noval	no			mers,Rt.1 Mid	aletown, Ma.
e deoth cer attending p permit. The	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI	ly ane cause per line for (a), (b), and (c)	f-7-		GETWEEN ONSET AND DEATH
attendi permit. Ion, or r	174V IMMEDIA		inomotogic	7)	12763
it the a the a sit pe	Conditions, if any, which gave )	DUE TO, OR AS A CONSEQUENCE OF	/ 1 amm to be 10 0 1 / 2 mm	JAH E	1 7 . 100
s that trian.  d by the tronsit, cremoi	rise to immediate cause (a), stating the underlying cause(	DUE TO, OR AS A CONSEQUENCE OF	1 COCODE EWST	a sour ore	sar dela
quires the physician physician signed by buriol-tro	lost.	(c)			
physician signed by the burnot-trons burnot, crem	PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(o)	
ow reding seen the the surfo	190 DATE OF OPERATION 196.	CONDITION FOR WHILE DOCUMENT ON THE TOTAL YEAR OF	DEODRACO DO AUTADOM		
N: The low re or ottending te has been use as the falth prior to	2 7-178/19	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
N: The or off or	21d, ACCIDENT WAS UNDERLYIN			r nature of injury in Part 1 or Part 2,	Item 181
ICIAN: The low repitol or ottending rificote has been at for use as the of Health prior to	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M.			, 11610 10.)
	21d INJURY OCCURRED 21e White Nat while at wark at wark	PLACE OF INJURY ( AT HOME FARM, STREET, FA. OFFICE BUILDING ETC.	(TORY) 211. LOCATION Street or R F.D. No	City ar Tawn	Caunty State
by the Viter II be de State	22o. I certify that (I) (the	s hospital) offerded the deceas	ed from 7/24,19	6/to 3/26,19	9 6 7, that (I) (we) last
OR ATTENDING be retained by th DIRECTOR: After i is 3 should be d ed with the State	saw the deceased a	ive an 3/3C/67 , (I) (we) (did) (did not) view the	9 and that in (my) (aur) on	inian death occurred on the d	late and hour and from the
ECTO Showith with	226 S GNAXORE	2	2 C	270	DATE SIGNED
TAL OR TOY be re poge 3 poge 3 e filed w	- Janle	& kanning.	DEGREE PHYS	AED STAFF INTERCTOR PHYS INTERCTOR PHYS	3/26(69
TO HOSPITAL Page 4 moy O FUNERAL I director, page should be fil	22d. PHYS CIANS NAME (Type)	ANK DAMI	170 22e. ADDRESS	mouldane	on Fral
D HOSPI Page 4 r D FUNER director, should b	23a BUR AL, CREMAT ON, 23b [	DATE 23c NAME OF	CEMETERY OR CREMATORY ion U.Meth. M	23d LOCATION (City or Town)	(County) (State)
5 5 5 2 W	REMOVAL (Specify) Burla			ersville, Mat.	
VR A15 (4) J	24. FUNERAL DIRECTOR Pat	HE BITTIE MY	ersville, Mark	Y REG STRAR 256 REG STRAR	S SIGNATURE



1	1	0000		ND STATE DEPARTMENT OF 5, 301 W. PRESTON STREET, BA		
learner 100		03901		CERTIFICATE OF DEATH		03894
funeral s 1 and 2 ter death		ECEASED-NAME First Type or print) Leon	A. Middle	tost Tressler	20. DATE OF DEATH March Month 5 Doy	69 Year 1:15 M
P on T	3. \$		4 RACE White	S DATE OF BIRTH NOV. 13-18	6 AGE (In years lost birthday)	IF UNDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN
bon papers Page within 72 mmrs	70 cou	BIRTHPLACE (State or foreign ntry)	75. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED TO DIVORCED	9 COUNTY OF DEATH Frederick	
withing		EITY OR TOWN OF DEATH Braddock Height	11 NAME OF HOSPITAL OR	NST-TUTION (If not in hospital 120. U	SUAL OCCUPATION (Kind of work done most of working life, even if retired) Homemaker	126 KIND OF BUSINESS OR INDUSTRY
remove corbon n ony event, with	13o odm	USUAL RESIDENCE (Where deceose ission) STATE Md.	d lived, if institution Residence before	13c CITY OR TOWN 13d, INSIDE CIT		
	14.	FATHER S NAME First  Luther	Middle Lost <b>Man</b> i	15 MOTHER'S MAIDEN NAME	First Middle Nora	Trittapoe
val, and	160	WAS DECEASED EVER IN U.S. ARME (85, no. or unknown)   (If yes give wai NO	TO FORCES? 16b. SOCIAL SECURITY of dates of service) 218–40–30		rts-53 Winchester	Md.21701 StFrederick-
burial, cremation, or remayal, and in		PART I DEATH WAS CAUSED	One couse per the for (o), (b) and (b)  E CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF (c)	dial Infaret	1	APPROX MATE MITO VA. BETWEEN ONSET AND CRAIM  I houre -  mloney years
pirot to point	CERTIFICATION	Hypothy			20b. IF YES, WERE FINDINGS (	ONSIDERED IN CERTIFYING
of Heolit	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF OFATH (If either, notify medical examine	HOUR A.M. Month Doy Yes	21c HOW INJURY OCCURRED (En	ater noture of injury in Port 1 or Port 2,	Item 18)
) ) )	W	While Not white of work	LACE OF INJURY (AT HOME FARM, STREET OFFICE BUILDING, ETC.	,		County Stote
h me star		couses stoted obove)	hospitol) ottended the deceove on March ( (D) (we) (did) (did not) view the	sed from Jours , 19 19 65, and that in (my) (our) a body ofter death.	ppinion deoth occurred on the do	69, that (1) we) lost te and hour and from the
TITED WIT		22b SIGNATURE 22d PHYS CIAN S	Wilder	DEGREE PHYS  22e ADDRESS	DIRECTOR STAFF Ma	r. 6-1969
director, page 3 shauld be detoched for use os the shauld be filed with the State Dept. of Heolth prior to	730	NAME (Type) Dr. J BUR AL, CREMAT ON, 23b. DA		J.Riddick Fred (K.)	Medical Center-Fre	7
sho		REMOVAL (Specify) Mar	.8-1969 Union	n Cemetery	Lovettsville - V	irginia
R A15 (4) M - 1/69	2"	M.R. Etchison &	Son Freder:	ick, Md.21701 DATE M	AR 10 1969 / Clic	was Judge



	1			D STATE DEPARTMENT OF HE		
-	Ш	03902		301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH	ORE, MARYLAND 21201	03895
ne luneral 1ges 1 and 2 s after death.		ECEASED-NAME First	M ddle	Losi	2a. DATE OF DEATH	25. HOUR
death.		Type or print) Gertr	ude Anna	Troxell	3 Month Poy	Yeor 9 9 9 M
Taille Sin	3 51		4 RACE	. S. DATE OF BIRTH	6 AGE (In years	AF JINDER 1 YEAR IF UNDER 24 HRS
		Female	White	Nov. 16, 187		MUNITY UNITY HOURS MIN
		ntry)	75 CITIZEN OF WHAT COUNTRY?	BRAKED THEFER WAKKIED	COUNTY OF DEATH	
1		Maryland	U.S.A.	WIDOWED TO DIVORCED	Frederick	Md.
-	, 10. 0	TITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INS give street address! Frederick I	Memorrial during masi	OCCEPATION (Kind of work done of working life, even if retired) HOUSEWITE	126 KIND OF BUSINESS OR INDUSTRY
" 1	13a.	USUAL RESIDENCE (Where decease	lived, if institution. Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIMIT		
1	adm	issian) STATE Md.	13b. COUNTY Frederick	Frederick YES NO NO	R.D.# 3	
1	14.	FATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME FIRST	Middle	Łast
Į.		John	Mose		izabeth	Barton
		WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yos give wor	D FORCES? or dates of service) 166 SOCIAL SECURITY N 215–20–92		Address  1. Thurmont. Mar	wland
		18 CAUSE OF DEATH (Enter only	one couse per one for (a), (b), and (c).)		Le maniono, nar	APPROX MATE NITRYAL
		PART I. DEATH WAS CAUSED	BY: E CAUSE (a) _ Caroli	in amost		BETWEEN ONSET AND DEATH
		4/ 1 mimeural	DUF TO, OR AS A CONSEQUENCE OF	010 (	<i>(</i>	10,770001
		Candit ans, if any, Which gave	(b) Adams	- Stakes Sys	strong e	4 mests
		rise to immediate cause (a). ( stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF	1 4. 1.1	1 / 1	7
	1.	last.	10 Clarusc	lesatic Carolisva	scalar Observe	3mens,
		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	
	TION	190. DATE OF OPERATION 19b (	ONDITION FOR WHICH OPERATION WAS PER	REORMED 20a AUTOPSY?	206 IF YES, WERE FINDINGS CO	ONCIDERED IN CERT EVING
3	CERTIFICATION			YES NO 🙀	CAUSES OF DEATH?	***************************************
		21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED (Enter no	ature of injury in Port 1 or Port 2, 1	tem 18.)
	DICAL	OR CONTRIBUTING CAUSE OF DEATH	r) HOUR A.M Month Day Year P.M. 19			•
	MED			TORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
		ot work of work		1 - 0 - 0 -	en 1.	, 0
		22a. I certify that (I) (this	hospital) ottended the decease	d from 1962, 1962 Ond that in (my (aur) opinion	L. 10/1 (arch 19, 19_	6 / that (I) (we) last
		saw the deceased off couses stated above	(I) (we) (did) (did not) view the b	ondinot in (my/(aur) opinionally after death	on death occurred on the dat	te and hour and from the
		22b SIGNATURE	(1) (10) (010) (010)		22c. C	AT# SIGNED /
		Te No	4TX/ana	DEGREE PHYS DIRE	CTOR D STAFF D ?	119169
1		22d (PHYSICIAN'S		22e. ADDRESS	/	
l			oy T. Davis		k, Maryland	*
	230	BURIAL, CREMATION 23b DA			23d LOCATION (City or Town)	(County) (Stote)
20	0.4	REMOVAL (Specify) Burial Mar FUNERAL DIRECTOR.	ch 23, 1969 Elias		Emmitsburg, Fred	
12/	24	Phone Inco	5- 11/1-1/2 -		EGISTRAR JOS 256 REGISTRARS	SIGNATURE
J		Clarence E Wil	Som Limms	tsburg, Md.   DATE		



		03903	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTI ERTIFICATE OF DEATH		03896
	1 0	ECEASED NAME First		LOS!	TO DATE OF BEAT	
		Type or print)  Jose	1110470	Tucker	20 DATE OF DEATH  March  Day	3 1969 9P N
	3. 5		4 RACE White	S DATE OF BIRTH August 11,	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	70. cau	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED NIVORCED DIVORCED	9 COUNTY OF DEATH Frederick	Me
	10. (	Trederick	11 NAME OF HOSPITAL OR INS Laive, street address Frederick Men		OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR INDUSTRY
	13a ada	LSUAL RESIDENCE (Where decease ssion) 1 and	red lived, if institution. Residence before	13c CITY OR TOWN 13d INSIDE CITY LA VES X NO	M TSP 13a STREET AND NUMBER	
	14	ATHERS NAME FIRST	Middle Last	IS MOTHER'S MAIDEN NAME FO	rst M ddle	Last
		Edward	F. Tucker		e	Mull
	16a 1	WAS DECEASED EVER IN U.S. ARMI es, no OF Linknawn) (If yos give wo	AED FORCES?  rear or dates of service)  16b SOCIAL SECURITY N		ucker, Route 2, Fre	ederick, Md.
		Canditians, if any, which gave nise to immediate cause (a). Storing the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  (c)  ACCORD  TO THE TO, OR AS A CONSEQUENCE OF  (c)  ACCORD	to purmonia	ONDITION GIVEN IN PART I(a)	I day 5 days 20 yrs
	CERTIFICATION	19a DATE OF OPERATION 19b Co	CONDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY?  YES X NO	206 IF YES, WERE FINDINGS CO	
	¥	21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (if either, natify med cal examine	HOUR A.M. Manth Day Year ner) P.M. 19	21c HOW INJURY OCCURRED (Enter	noture of injury in Part 1 or Part 2, I	
	W	While Nat while at wark	PLACE OF INJURY ( AT HOME FARM, STREET, EACH OFFICE BUILDING, ETC		City or Tawn	Caunty State
		22a. I certify that (I) (this saw the deceased all causes stated abave,	is hospital) attended the decease live an MARCH 23 11 c, (I) (we) (did) (did not) view the b	d fram NOV 16 , 196 969, and that in (my) (o <del>ur)</del> apir ady after death.		
,		22d. PHYSICIAN'S	L. Luiss 4.	22e. ADDRESS	RECTOR D STAFF D M	DATE SIGNED
	230	NAME (Type) Ralph BURIAL, CREMATION, 236 DA	Tale Michels, M.D.	Frederick	Medical Center, Fr	(County) (State)
		0.0110-141-16 (-)	ch 25,1969 Mount (		Frederick Frede	
	24	FUNERAL DIRECTOR	ADDRESS Ison & Son, Frederi	fadeles 250 RECD BY	REGISTRAR 256 REGISTRARS	



_	1			ND STATE DEPART			
		02002	DIVISION OF VITAL RECORDS			E, MARYLAND 21201	03897
	Ļ	03904		CERTIFICATE O			
death. neral and 2		(CEASED-NAME First ype or print) Walter	Middle V	AN WESTEN		DATE OF DEATH  Month 2 Day	2b. HOUR
ap ap ap	3 5		4. RACE	S DATE OF		6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		^ M	White		19th, 190	Local to Saturation A	MONTHS CAYS HOURS MIN.
Sun of the	70.	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER A	MARRIED 9. COU	INTY OF DEATH	
4 2 2 2 2	เดม	"W)Colorado	I.S.A.		IVORCED F	rederick	Md
		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II give street oddress)	NSTITUTION (If not in haspite	ol 12a USUAL OCCU	JPATION (Kind of work done vorking life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
pleraty carbox	F	rederick	rederick	l'em. Hosp	p. Painte	er	self-emm.
completely for average pay event, within	odm	ssian) STATE	d lived, if institution Residence before	1	13d MISIOE CITY LIMITS?  YES NO X	13e STREET AND NUMBER Reno Monume	ent Rd. R.D2
s execute and camp remave	14	Maryland First	Middle rost	11-4-4-4-6-6-6	S MAIDEN NAME First	Middle	Lost
and and in an	13,	Herbert	VanWest		Cora	Miladie	Unkn
ne death certificate b attending physician permit. Then please ian, ar remaval, and i	160	WAS DECEASED EVER IN U.S. ARM				Address	R.F.D.2
riffic n p val,		es, no, or unknown) (If yes give wo	- 523-74-	0488 Vera	Van West	enherg Midd	lletown.ld.
ng r The	Г	18 CAUSE OF DEATH (Enter anim	one cause per line for (a), (b) and (a	· · ·			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
endi mit. arr		PART I DEATH WAS CAUSED IMMEDIA	F CAUSE (0) Cardiac	Arrest			
att peri		4122	DUE TO, OR AS A CONSEQUENCE O				F
at the sit		Conditions, if ony, which gove ) rise to immediate cause (a),	(b) Hypertensis	re + Arterio Sc	lerotic Cardio	Vascular Disease	e 5-10 yrs
equires that the physician. signed by the c burial-transit p burial, crematia		stoting the underlying cause	DUE TO, OR AS-A CONSEQUENCE O				
luire hysi gne gne uria			OITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART 1(a)	
1: The law requires the or attending physician. The has been signed by use as the burial-traisalth priar to burial, cre	_			TO THE TENTH		100	
e law r lending s been as the priar to	ATIOI	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS F	ERFORMED 20a. Al	UTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The or after the page of the p	CERTIFICATION			YES	NO 🗆	CAUSES OF DEATH? Ye	-5
AN: al or icate for u Heal		21a. ACCIDENT WAS UNDERLYING CAUSE OF CEATH		21c HOW INJURY	OCCURRED (Enter nature	of injury in Part 1 or Part 2,	Item 18.)
SIC. Spirit fig. 64 f ed f	MEDICAL	(If either, notify medical examination	er) P.M.	19			
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay stained by the haspital or attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely fixed in bandle be detached for use as the burial-transit permit. Then please remave carbs appears ith the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours.	22	21d. INJURY OCCJRRED 21e. I Wh'le Nat while at wark	PLACE OF INJURY ( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION S	itreet or RFD No.	City ar Town	County State
by the free State		22a. I certify that (I) (this	danjiral) attended the decea	sed fram MAY	5 , 19 65 ,	to MAIR 31 , 19	69_, that (1) (1) (1)
OR ATTENDIN be retained by DIRECTOR: After e 3 shauld be ed with the Stat		saw the deceased ali causes stated abave.	ve an MAR 30 (i) (we) (did) (district) view the	.19.69_, and that in ( bady after death.	(my) (see) opinion o	leath occurred an the do	ite and havr and fram the
ATI		22b. SIGNATURE				22c.	DATE SIGNED
OR be r		Kall L.	MY KRIN	DEGREE PHYS.		PHYS D	PR. 151, 69
Page 4 may be retained by the haspital or attending To FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health priar to		22d. PHYSICIAN S X [Zalp]	L. Michels, M	D. 220 A	ADDRESS Medical (ed	iter, Frederick	CMR. 21701
HOS ge 4 FUN rectc	230	BUR AL, CREMATION, 23b D	ATE 23c, NAME O	F CEMETERY OR CREMATORY	Y 23d	LOCATION (City or Town)	(County) (State)
07 0 1 in	L	REMOVAL (Specify) Burial Ap	ril 2,1949 In	theran Cer	metery M	iddletown F	
VR A15741	24.	FUNERAL DIRECTOR Gladhill Co.		NA 21760	2So. REC'D BY REGIS	1	
SOM KEY (1/08) A		CITEMITATE CO.	Tirdure court,	1.40 21/07	DAMPR 3	1969 & Chem	The state of the s

reference from the second

1	MAKTLAND STATE DEPARTMENT OF REALTH	
	03905  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH  03898	
death.	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Month Day Year	. HOUR
2 - 2 - a	3. SEX 4. RACE S. DATE OF BIRTH 5. AGE (In years I fullion in year in und	ER 24 HRS.
hours aft n by the s. Page. hours of	Mele Regro 2-16-1890 79 YRS.	min
bound to by	70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH (COUNTRY)	
in 24 hours of filled in by the papers. Pogihin 72 hours	Maryland U.S.A. WIDOWED X DIVORCED Traderick	Md
ertificate be executed within 24 physicion and completely filled en please remove carbon pape ovol, and in any event, within 7	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. KIND OF BUSINE during most of working life, even if retired.)	SS OR
of the state of	Frederick Frederick Memorial Water Dept  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. IMSDE CITY LIMITS? 13d. STREET AND NUMBER	
nd complet	odmission) STATE NO ISB COUNTY Frederick Frederick   YEST NO   42 Carver pt	
and and	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Los	1
Se din	John NMN Washington Mallissa NMN Pratter	
icate be exertion ond copleose remo	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT Address	
phy:	Yes, no, or unknown) (types give were reduced as of service) ************************************	L.Md
5 <u>5</u> €	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROXIMATE INITIAL AND SET OF DEATH (Enter only one couse per line for (o), (b), and (c).)	RVAL DEATH
he death ottendir permit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerula rascular accident 2 der	7
offe offe	4369 DUE TO, OR AS A CONSEQUENCE OF	1
t the the notification	Conditions, if ony/which gove (b)	
tha on. by ron	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ries sició ind-t	lost. (t)	
requires that the de g physicion. s signed by the otter burial-tronsit perm burial, cremation,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	· fe
The low re ottending has been se as the the the prior to the	2 Prachoporeumones; generalized arterioschasis & chines conquitient	fail
s be	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIRY  21c. HOW INHIPLY OCCUPED (Fetter police of initing in Part & or Part & or Part & 182)	18
The safety of th	YES NO CAUSES OF DEATH?	
AN: or core		
Signature of the state of the s	[If either, notify medical examiner) P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	2 Id. INJURY OCCURRED While Not while of work of work of work	Stote
NG y th rer t e d	220   certify that (I) (this hasnital) attended the deceased from 17 mars 1969 to 27/2018 1969 that (I) (	wo) last
Affin	saw the deceased alive an 23 MAR 1967, and that in (my) (aur) apinian death accurred an the date and hour and f	rom the
OR Dine	causes stated above, (1) (we) (did) (did not) view the body ofter deoth.	
With With	226. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED	
DIRE DIRE	DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR	
May KAL Po	22d. PHYSICIAN'S NAME (Type)	
10 HOSPITAL Poge 4 may O FUNERAL director, pog should be fil	George 1. Smith, Jr 804 Toll House Ave, Fred, Md	
FU Fu	230. BURIAL CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Sto	re)
5-5	Burial 3-26-1969 Fairview Frederick Fred Md	
VR AIS JALO	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR S GNATURE	
45M - 1/690	C.E. Hicks, 111 263 W. Patrick St. Fred. Md DAMAR 2 6 1303	

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AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
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1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE	03906 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	03899
FOR STATE HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20. DATE KNOWN Month	
	(Type or Print)  OF ESTI/-2	8 1969 8 0 M
oy is 3 to Page int of	Herry Charles Wolfe Sr DEATH MATED 3  3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years if UNDER 14 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
2, ond 3 t	Male Negre 12-26-1880 88 YRS. DAYS HOURS MIN. Montes Doys	Year 19/19 10 M
y 2, 4	70. BIRTHPLACE (Stote or failing of The Country of Death	
L E Q	country) Pa U.S.A. WIDOWED DIVORCED Frederick	Md.
hours after death lifem A.B. Give Pages 1, office olong with farm 1 and 2 with the State Deatter death.	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give street address)  12. USUAL OCCUPATION (Kind of work done give street address)	12b. KIND OF BUSINESS OR INDUSTRY
the the	Adamstewn   Park Mills Rd Rt 1   Bldg Centractor	******
olong with deoth.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY 13d. WSIDE CITY LIMITS? 13e. STREET AND NUMBER	22 21 2
Apolis Refine and 2 v	Md Frederick Adamstown " Park Mills	Rd Rt 1
-= 0 /		Lost
thin 24 noil in niner's poges I hours	Calvin NMN Welfe Ruth NMN  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	Ricketts D.C.
ithir enci min po	(Yes, no, or unknown) (M yes give wor or dones of service) 215-20-9857 Martha Wood 154-46th St N	
be executed within "pending" in pencil in fermine Medicol Examine ansit permit. File page event within 72 hou	18. CAUSE OF DEATH (Enter only one couse per line to (o), (b), and (c).)	APPROXIMATE INTERVAL
executed in mding" in Medicol Experient. Fi	PART I. DEATH WAS CAUSED BY: Acute Congestive Heart Friling	BETWEEN ONSET AND DEATH
be execute "pending" nief Medico ansit permit	4124 DUE TO, OR AS AZONSE ODENCE OF DA 4- A	111
be exe "pendi hief Me ansit pe	Conditions, if any, which gave rise to immediate cause (a), (b) William Sclerolle Curden Ols inline	Much
vord vord ne Ch	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e te word "per to the Chief I buriol-transit in ony even	lost. (c)	
and and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certific te, writin farword e used or removol,	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certi ote, writ e farwo be used	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2.1)	YES TO NO FO
certificate, ould be fares. should be to sho		
IINER: TI ne certifice should be files. 3 should I	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street) 21f. IOCATION Street or R.F.D. No. 61V or Town	
(AMINER: te the certi- le 4 should rour files. age 3 shou cremotion,		County Stote
JICAL EXAMINER: se execute the certicator. Page 4 should ned for your files. ECTOR: Page 3 shoul burial, cremotion,	WHILE NOT WHILE foctory, office building, etc.) AT WORK AT WORK	
ICAL EXA sexecute for. Page ed for you CTOR: Pag burial, cre	22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry [	, and in my opinion
ssary, pleose exert uneral directar. Pa y be retained for NERAL DIRECTOR:	death resulted fram: Natural couses Accident , Suicide , Homicide , Undetermined manner	
pleose e pleose e director retoined DIRECT or to bu	A. P. ACTUAL OF THE THE CHIEF MEDICAL EXAMINER CON DAY	
AAL SAL	M.D. ASSISTANI MEDICAL EXAMINER (	SIGNED 69
S S on S on S S	PAXMINER'S Robert J. Thomas, M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	-10-01
TO DEPUTY THE FUNERA T	236. BURIAL, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
OBEROLL MARY	REMOVAL (Specify)	ed. Md
BUS JOCK, U	24. FUNERAL DIRECTOR ADDRESS 250. ECCO.BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	SIGNATURE
8 DETVR A15ME (5) 10M REV. 1/68	C.E. Hicks, 111 Frederick, Md DATE TO 1959	Who Viedas.
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